MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05150

CERTIFICATE OF DEATH

Reg. Dist. No. 2-8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg | LENGTH OF STAY (In this place) 55yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS Rural (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Maurice (Middle) James (Last) Andrews

4. DATE OF DEATH: (Month) may (Day) 30 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 12-1896

9. AGE last birthday: 56 yrs. | If under 1 year: Months 10 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: State Road & Farm Work

11. BIRTHPLACE (State or foreign country): Dickerson Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Andrews

14. MOTHER'S MAIDEN NAME: Mary Andrews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Ernest Phebus. Arbutis. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, Bronchial	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) acute Cerebral Thrombosis supervened on	2days
	(c) Recurrent Cerebral Thrombosis & Encephalomalacia	3 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1953, to May 30, 1953, that I last saw the deceased alive on May 30, 1953, and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE: William Frank (Degree or title) M.D. ADDRESS 1014 Viers Mill Road Rockville, Md. DATE SIGNED June 1, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6-2-53 | NAME OF CEMETERY OR CREMATORY: Forest Oak | LOCATION (City, town, or county) (State): Gaithersburg. Md.

DATE REC'D BY LOCAL REG.: June 1, 1953 | REGISTRAR'S SIGNATURE: Ursula L. Cooke

24. FUNERAL DIRECTOR: Ernest C. Gartner ADDRESS: Gaithersburg. Md.

RECEIVED
JUN 3 1963
BUREAU V. S.

05151

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds
LENGTH OF STAY (In this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds
STREET ADDRESS (If rural, give location) rural

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Donnelly (Last) Ardinger
4. DATE OF DEATH (Month) May (Day) 21 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10-11-'97
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer - McArdle Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Otho Ardinger
14. MOTHER'S MAIDEN NAME Trunk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY No. 578-09-8739
17. INFORMANT AND ADDRESS Mrs Isabel Ardinger (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-21-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-25-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. May 22, 1953
REGISTRAR'S SIGNATURE Alvreda G. Cake
24. FUNERAL DIRECTOR Ernest C. Gartner ADDRESS Gaithersburg Md.

May 25, 1953 Chas. W. Elgin

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05152

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Magnolia Pkwy

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) # 2 Magnolia Parkway

3. NAME OF DECEASED: (Type or Print) (First) PHILIP (Middle) Cleveland (Last) ARTH

4. DATE OF DEATH: (Month) May (Day) 3, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid

8. DATE OF BIRTH: 10-2-1884

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months 7 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Salesman-Ret

10b. KIND OF BUSINESS OR INDUSTRY: Remington Rand

11. BIRTHPLACE (State or foreign country): Wash. DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Arth

14. MOTHER'S MAIDEN NAME: Amy P. Mansell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unk

17. INFORMANT & ADDRESS: Hazel Arth 3727 Jenifer St. NW, Wash. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

148X

Immediate cause (a) Carcinoma of Throat with Metatases to lymph glands & lung. DUE TO — Interval Between Onset And Death: 18 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1952

19b. MAJOR FINDINGS OF OPERATION Squamous Cell Carcinoma

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1946, to May 3, 1953, that I last saw the deceased alive on May 2, 1953, and that death occurred at 6:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Herbert Bowersfeld M.D. ADDRESS 1512 R St. NW DATE SIGNED 5-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 5-5-1953

NAME OF CEMETERY OR CREMATORY Congressional Cemetery

LOCATION (City, town, or county) (State) Wash. DC

DATE REC'D BY LOCAL REGISTRAR 5/4/53

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Joseph Gawler's Sons

ADDRESS 1756 Pa. Ave. NW Washington, D.C.

Per LBN.

3

VS. A15

RECEIVED
MAY 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5535

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural (Burtonsville) LENGTH OF STAY (in this place) 84 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ownhome - Laurel Rt 2, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural (Burtonsville)
STREET ADDRESS (If rural give location) P.O. - Laurel, Rt 2, Md

3. NAME OF DECEASED: (Type or Print) (First) Snowden (Middle) Jackson (Last) Athey
4. DATE OF DEATH: (Month) 5 (Day) 31 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 12/7/1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Own Hardware Store
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: James Athey
14. MOTHER'S MAIDEN NAME: Ellen Chaney
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Wife - Mrs Sarah Athey, Laurel Rt 2, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Coronary Occlusion — 1/2 hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis, Generalized — yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebro vascular Accident 2 yrs ago

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to 5/31, 1953, that I last saw the deceased alive on 5/31, 1953, and that death occurred at 9:05 PM, from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 5/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 3, 1953 NAME OF CEMETERY OR CREMATORY Union Cemetery LOCATION (City, town, or county) Burtonsville, Md (State)
DATE REC'D BY LOCAL REGISTRAR June 3-53 REGISTRAR'S SIGNATURE Gertrude B Lanier
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05153

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montg. Co. Gen. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural give location): Rt. 3

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Dakota (Last) Bailey

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12/3/69

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Veitch

14. MOTHER'S MAIDEN NAME: Mary Ann Dye

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

234X

Immediate cause (a) Uraemia — 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Pyelonephritis — 6 days
DUE TO (c) Apoplexy — 3 wks.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 10 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 19 53, to May 5, 1953, that I last saw the deceased alive on May 5, 1953, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

SIGNATURE: A. D. Bonyard — (Degree or title) M.D. — ADDRESS: Sandy Spring Md — DATE SIGNED: 5/5/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: MAY 9 1953 — NAME OF CEMETERY OR CREMATORY: Columbia Gardens — LOCATION (City, town, or county) (State): Falls Church Virginia

DATE REC'D BY LOCAL REGISTRAR: 5-6-53 — REGISTRAR'S SIGNATURE: Gertrude B Fowler

24. FUNERAL DIRECTOR — ADDRESS: The S. H. Hines Co. 2901 14th St N.W. Washington D.C.

VS. 15-1

RECEIVED
MAY 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1602 Noyes Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1602 Noyes Drive

3. NAME OF DECEASED (Type or Print) (First) Le Roy (Middle) (Roy) F. (Last) Barnard
4. DATE OF DEATH (Month) May (Day) 3 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12/24/95
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic Specialist
10b. KIND OF BUSINESS OR INDUSTRY Dept. of Agriculture
11. BIRTHPLACE (State or foreign country) Buffalo, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Barnard
14. MOTHER'S MAIDEN NAME Helene Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 715-12-9454
17. INFORMANT AND ADDRESS Mrs. Marjorie Barnard

18. MEDICAL CERTIFICATION 1602 Noyes Drive, Silver Spring, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Silver Spring (COUNTY) Mont. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural cause ✓, accident, suicide, homicide, undetermined.

SIGNATURE E. H. Sauerfeld Jr. (Degree or title) Actg. Dep. Med. Exam. Mont. Co. ADDRESS Bethesda, Md. DATE SIGNED May 3, 1953

CREMATION (Name of Cemetery) Trans. & Burial
DATE THEREOF 5/5/53
NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery
LOCATION (City, town, or county) Buffalo, New York (State)

DATE REC'D BY LOCAL REG. May 6 53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. ~~This correct~~ specially important. Physicians: please write the causes of death clearly and legibly.

MAY 8 1953

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
LENGTH OF STAY (in this place): 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: D. C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2002 - P. St., N. W.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) E. (Last) Beamer
4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov-5-1876
9. AGE last birthday: 77 yrs. If under 1 year: Months 6 Days 16 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School teacher
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Smithville, Md
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: William B. Beamer
14. MOTHER'S MAIDEN NAME: Martha Virginia Dawson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: her personal information

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Senility	5-10 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-vascular	1 year
	(c) High arterial tension	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senile dementia ?

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ✓ (CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Nov-3-, 1953, to May-20, 1953, that I last saw the deceased alive on May-19-, 1953, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE: William C. Miller (Degree or title) MD ADDRESS: 7-Brooks Ave., Gaithersburg, Md DATE SIGNED: 5-20-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5-22-53
NAME OF CEMETERY OR CREMATORY: Glenwood
LOCATION (City, town, or county): Washington (State) D.C.

DATE REC'D BY LOCAL REG.: May 20, 1953
REGISTRAR'S SIGNATURE: Lucille G. Cooke
24. FUNERAL DIRECTOR: Ernest C. Gartner ADDRESS: Gaithersburg Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAY 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) Since 10/2-48
HOSPITAL OR INSTITUTION OR STREET ADDRESS CEDARCROFT SANITARIUM

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Va. (Hopewell) COUNTY X
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Ethelyn - Knight - Birmingham
4. DATE OF DEATH (Month) (Day) (Year) May 30 - 1953
5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 23 1892
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Texas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Lawrence Birmingham
14. MOTHER'S MAIDEN NAME Caroline Christie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Alva Birmingham (Sister) Sil. Sp. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia Praecox (Paranoid)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/2, 1948, to 5/30, 1953, that I last saw the deceased alive on 5-29, 1953, and that death occurred at 9:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Richard B. Thibadeau M.D. Sebr

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/1/53
NAME OF CEMETERY OR CREMATORY Hopewell Va.
LOCATION (City, town, or county) (State) Hopewell Va.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
M. FUNERAL DIRECTOR Walter W. Hysong Co. 1300 N St Washington
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 4 1/2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 12013 Georgia Ave.

3. NAME OF DECEASED: (Type or Print) (First) Lola (Middle) Jane (Last) Bodle
4. DATE OF DEATH: (Month) 5 (Day) 6 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 11-25-88
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired). Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gentry, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W. Floyd
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Mervin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Old Rec + daughter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Acute cardiac decompensation. — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral hemorrhage and left hemiplegia. — 3 days

DUE TO

(c) Generalized arteriosclerosis. — 7 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis — 6 weeks

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: ----------
20. AUTOPSY? Yes ☐ No ☑

21. ~~ACCIDENT SUICIDE HOMICIDE (Specify)~~ ~~PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)~~ ~~(CITY OR TOWN) (COUNTY) (STATE)~~
~~TIME OF INJURY (Month) (Day) (Year) (Hour) m.~~ ~~INJURY OCCURED While at Work ☐ Not While At Work ☐~~ ~~HOW DID INJURY OCCUR?~~

22. I hereby certify that I attended the deceased from 10-11, 1946, to 5-5-, 1953, that I last saw the deceased alive on 5-5-, 1953, and that death occurred at 2:16 A.M., from the causes and on the date stated above.

SIGNATURE N. C. Shoemaker M.D. (Degree or title) 5-6-53 ADDRESS 8005 Woodbury Av. Silver Spring, Md. DATE SIGNED 5-6-53.

23. BURIAL, CREMATION, REMOVAL (Specify): Entombment
DATE THEREOF: 5/8/53
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR: May 7 1953
REGISTRAR'S SIGNATURE: J. Hilton Dodd
24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MAY 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville; HOSPITAL OR INSTITUTION OR STREET ADDRESS Good Hope Rd.; MARYLAND; LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville; STREET ADDRESS (If rural give location) Good Hope Road.

3. NAME OF DECEASED (Type or Print): (First) Effie (Middle) Budd (Last) Boston

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): widowed

8. DATE OF BIRTH: Sept. 14 1881

9. AGE last birthday: 71 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Samuel Budd

14. MOTHER'S MAIDEN NAME: Harriet Squirrel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Henrietta Boswell, Silver Spring, Md. Route #4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 2 X

Immediate cause (a) Coronary Embolism — Interval between onset and death: few minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Pulmonary Infarction — 3 days

(c) Cardiorenal Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23 19 53 to May 22 19 53, that I last saw the deceased alive on May 21, 19 53, and that death occurred at 9:50 A m., from the causes and on the date stated above.

SIGNATURE Wesley Sewell (Degree or title) ADDRESS Silver Spring, Md. DATE SIGNED 5-24-53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE 5/25/53 | NAME OF CEMETERY OR CREMATORY: Good Hope | LOCATION (City, town, or county) Colesville, Md. (State)

DATE REC'D BY LOCAL REG. May 26, 1953 | REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: Robert L. Snowden ADDRESS Rockville Md

VS. A15

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MAY 29 1953
BUREAU V. S.

Items 18&21 Film G154 5-25-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (In hospital)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 03X
STREET ADDRESS (If rural, give location) 321 Suter Rd.

3. NAME OF DECEASED (Type or Print): (First) Re (Middle) Naye (Last) Bright
4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 9, 1953
9. AGE last birthday: yrs. If under 1 year: Months / Days 56 If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Joseph Leroy Bright
14. MOTHER'S MAIDEN NAME: Lillie Ann Fowler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Asphyxia	25 mins.
724.7 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Premature birth	56 days
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Premature birth 56 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE (Home, farm, factory street, office bldg., etc.) OF INJURY Hospital
(CITY OR TOWN) Sandy Spring, Mont. (COUNTY) Md. (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY 5.20pm.
INJURY OCCURRED While at work [ ] Not while at work [ ]
HOW DID INJURY OCCUR? Infant evidently turned face down in pillow.

22. *I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [ ], Inquiry [✓] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE: Emil T. Bauerfeld M.D. (Degree or title) Acting Asst Med Examiner 1 ADDRESS Bethesda, Md. DATE SIGNED 5/5/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5/6/53
NAME OF CEMETERY OR CREMATORY: Locust Chapel
LOCATION (City, town, or county) (State): Atholton, Howard Co., Md.

DATE REC'D BY LOCAL REG.: 5-7-53
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: F. C. Higinbothom, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10A

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MAY 13 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7907 Woodbury Drive	STREET ADDRESS (If rural, give location): 7907 Woodbury Drive

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) C.	(Last) Brown	4. DATE OF DEATH	(Month) May	(Day) 19	(Year) 1953
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 6/15/89	9. AGE last birthday: 63 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chiropractor	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Clinton, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Orville Augustus Brown			14. MOTHER'S MAIDEN NAME: Sallie Mahala Nall				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Mrs. Elsie Brown, 7907 Woodbury Drive Silver Spring, Md.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary occlusion — sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title): Bronchart M.D. ADDRESS: Gaithersburg, Md. DATE SIGNED: 5-19-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 5/22/53	NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery	LOCATION (City, town, or county) (State): Washington, D. C.
DATE REC'D BY LOCAL REG.: [illegible]	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: Warner E. Pumphrey	ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 25
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, Md; LENGTH OF STAY (in this place) 5 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monta; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dawsonville Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Jane Byrd (Last)

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 6 - 1874

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland -

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Byrd

14. MOTHER'S MAIDEN NAME: Sallie Sears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Joseph Byrd - Boyd - RFD Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Congestive heart failure — Interval between Onset and Death: 2 years.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive heart disease — 5 years

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 19 48 to 14 May 19 53, that I last saw the deceased alive on May 4, 19 53, and that death occurred at 6 P ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John S. Fawcett M.D. Boyd, Md 14 May 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 17 53

NAME OF CEMETERY OR CREMATORY: Monocacy

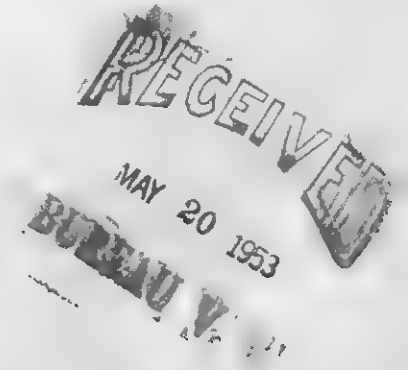
LOCATION (City, town, or county) (State): Beallsville, Md

DATE REC'D BY LOCAL REG.: May 19-53

REGISTRAR'S SIGNATURE: Helen S. Eckenfelder per L.V.A.

24. FUNERAL DIRECTOR: William B. Hilleary

ADDRESS: Barnesville, Md.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MAY 20 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; MARYLAND LENGTH OF STAY (in this place) 3 mos 18 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York. COUNTY Westchester. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Yonkers; STREET ADDRESS 56 Morris St (If rural give location)

3. NAME OF DECEASED: (First) Margaret (Middle) V. (Last) Campbell

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 19 53

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH: Aug-18-1894 | 9. AGE last birthday: 59 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Bridgton Scotland | 12. CITIZEN OF WHAT COUNTRY? No.

13. FATHER'S NAME: Michael Callaghan. | 14. MOTHER'S MAIDEN NAME: Katherine Connors.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) No. | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: 56 Morris St Yonkers. Husband. Andrew Campbell N.Y.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebral Vascular Accident Hemorrhage — 8-9 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension, arterial, severe — 13-14 yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/24, 1953, to 5/25, 1953, that I last saw the deceased alive on 5/24, 1953 and that death occurred at 1.5 a.m. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) | ADDRESS Bethesda Md | DATE SIGNED 5-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial&Transit | DATE THEREOF 5-25-53 | NAME OF CEMETERY OR CREMATORY St. Josephs | LOCATION (City, town, or county) (State) Weschester Co., New York

DATE REC'D BY LOCAL REGISTRAR 5/25/53 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR Robert R. Pumphrey | ADDRESS Bethesda, Maryland

VS. A15

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MAY 27 1 3
BUREAU V. S

Items 10,11,14 FilmG157 8/10/53 whw

163

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH — COUNTY: Montgomery Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Oak — LENGTH OF STAY (in this place): 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Silver Springs R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Montgo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: White Oak
STREET ADDRESS (If rural give location): Silver Springs, R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Ethel (Middle) (Last) Carter

4. DATE OF DEATH (Month) May (Day) 24 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married
8. DATE OF BIRTH: Sept 8, 1901
9. AGE last birthday: 52 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dental Technician
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Smith
14. MOTHER'S MAIDEN NAME: Mary Cantee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of [illegible])
16. SOCIAL SECURITY NO.:
17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Carcinomatosis Severe Anemia — 1 year

Antecedent cause(s) (b) Pelvic Carcinoma (ovarian) — 1945

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 1947, 1951
19b. MAJOR FINDINGS OF OPERATION: adenocarcinoma, Rt Ovary Fibroid Uterus
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 31, 1947, to May 24, 1953, that I last saw the deceased alive on May 24, 1953, and that death occurred at 3:10 P.m., from the causes and on the date stated above.

SIGNATURE: Wendy Lewell (Degree or title) — ADDRESS: Silver Spring — DATE SIGNED: May 25, 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5/28/53 — NAME OF CEMETERY OR CREMATORY: Good Hope — LOCATION (City, town, or county) (State): Goldsville, Md

DATE REC'D BY LOCAL REG. 5.29.53 — REGISTRAR'S SIGNATURE: Frances Potter — 24. FUNERAL DIRECTOR: Robt. L. Snowden, Rockville Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1

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RECEIVED
JUN 2 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 705 Elm Ave.

3. NAME OF DECEASED: (Type or Print) (First) LON (Middle) CLARK (Last) CHANDLER

4. DATE OF DEATH: (Month) (Day) (Year) 5 — 26 — 1953

5. SEX: M

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 4-27-96

9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kanawha Co. W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Chandler

14. MOTHER'S MAIDEN NAME: Frances Carte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 136-14-9961

17. INFORMANT & ADDRESS: Patient's chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — 420.1 — (a) Coronary Occlusion — Interval Between Onset and Death: Terminal

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension — years?

DUE TO

(c) Arteriosclerosis — years?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Renal Failure & Uremia.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 26 1952 to May 26, 1953, that I last saw the deceased alive on May 26, 1953, and that death occurred at 9:47 P.M., from the causes and on the date stated above.

SIGNATURE: Robert A Hare M.D. (DEGREE OR TITLE) ADDRESS: Takoma Park, Md. DATE SIGNED: 5/26/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 29 1953 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: May 27 53 — REGISTRAR'S SIGNATURE: William Dodd

24. FUNERAL DIRECTOR: Walters Funeral Home — ADDRESS: Takoma Park, Md. — J. Arthur Walters, 254 Carroll St NW. D.C.

RECEIVED
JUN 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dickerson
MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 13 Manchester Drive

3. NAME OF DECEASED (Type or Print): (First) Heeleedee (Middle) Estelle (Last) Cole

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6/1/86

9. AGE last birthday: 66 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk - Internal Revenue

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Goshen, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Benson

14. MOTHER'S MAIDEN NAME: Rebecca Dowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 577-46-2608

17. INFORMANT: Mrs. Frank Bliss, Dickerson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage with Hemiplegia (2nd)	20 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive - Arteriosclerotic Cardiovascular Disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous C.V.A. with Left Hemiplegia (1st) — 3 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 March 1953, to 5 May, 1953, that I last saw the deceased alive on 5 May, 1953, and that death occurred at 5 10 A m., from the causes and on the date stated above.

SIGNATURE: Gordon M. Smith, (Degree or title) M.D ADDRESS: Barnesville, Md DATE SIGNED: 5 May 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/7/53

NAME OF CEMETERY OR CREMATORY: Neelsville Presbyterian Ch. Cemetery

LOCATION (City, town, or county) (State): Montgomery County, Md.

DATE REC'D BY LOCAL REG.: May 11, 1953

REGISTRAR'S SIGNATURE: Charles W. Elgin per J.E.

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksburg, — LENGTH OF STAY (in this place) 3 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksburg
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Mamie (Middle) Virginia (Last) Coleman

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 11, 1883

9. AGE last birthday: 69 yrs. — If under 1 year: Months 8 — Days 10 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home Work

11. BIRTHPLACE (State or foreign country): Gaithersburg. Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Howard Selby

14. MOTHER'S MAIDEN NAME: Martha Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Alfred Eugene Coleman. Clarksburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemiplegia right side — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19, 1947, to May 20, 1953, that I last saw the deceased alive on May 20, 1953, and that death occurred at 2 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

O. P. Smith Phy Gaithersburg Md May 22/53,

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5-24-53 — NAME OF CEMETERY OR CREMATORY: Forest Oak — LOCATION (City, town, or county) (State): Gaithersburg. Md.

DATE REC'D BY LOCAL REG.: May 22, 1953 — REGISTRAR'S SIGNATURE: Ursula L Poole

May 23, 1953 Della N. Burdette

24. FUNERAL DIRECTOR — ADDRESS: Ernest C. Gartner. Gaithersburg. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg. Co. Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 714 Beall Ave.

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) L. (Last) Coleman

4. DATE OF DEATH (Month) (Day) (Year) May 23 1953

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 12-7-'09

9. AGE last birthday 43 yrs. If under 1 year Months 5 Days 16 If under 24 hrs. Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman

10b. KIND OF BUSINESS OR INDUSTRY B. & O. R.R.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME William H. Coleman Sr.

14. MOTHER'S MAIDEN NAME Nettie Butt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Helen Coleman- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval between onset and death 2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Bozzuto M.D. (Degree or title) ADDRESS Gaithersburg Md. DATE SIGNED 5-23-53

BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5-26-53 NAME OF CEMETERY OR CREMATORY Flower Hill LOCATION (City, town, or county) (State) Redland, Maryland

DATE REC'D BY LOCAL REG. 5-25-53 REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Robert T. Pumphrey ADDRESS Bethesda, Md.

VS A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '53

CERTIFICATE OF DEATH

Reg. Dist. No. 2-8-27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Olney
MARYLAND LENGTH OF STAY (in this place) 24 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg. County Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GAITHERSBURG
STREET ADDRESS (If rural give location) 11 Russell Avenue

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Bertha (Last) Colwell

4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 1953.

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 5-13-1918

9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Texas.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Emel Hannel

14. MOTHER'S MAIDEN NAME: Margaret Bohn.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hosp. records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

670X

Immediate cause (a) Embolic or anaphylactic death while in labor.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Marginal placenta praevia with moderate Bleeding 3 hours before death.

DUE TO (c)

Interval Between Onset And Death: 10 minutes

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION: 5/27/53.

19b. MAJOR FINDINGS OF OPERATION: A living male child was delivered thru the abdomen after mother's heart stopped.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1953 to May 27, 1953 that I last saw the deceased alive on May 27, 1953, and that death occurred at 10 35 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. A. Luthringer M.D. ADDRESS Rockville, Md. DATE SIGNED 5/28/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5-31-53 NAME OF CEMETERY OR CREMATORY St. Peter's LOCATION (City, town, or county) (State) St. Peter's, Md.

DATE REC'D BY LOCAL REGISTRAR May 29 53 REGISTRAR'S SIGNATURE Gertrude Lawlor mmb

24. FUNERAL DIRECTOR Ernest C. Gaither ADDRESS Gaithersburg Md.

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D; MARYLAND; LENGTH OF STAY (In this place) 82 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monta; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson - RFD; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Nathan (Middle) S (Last) Cooley

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Apr. 17. 1871

9. AGE last birthday: 82 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): B.&O.R.R. - Laborer on R.R. Track

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ames Cooley

14. MOTHER'S MAIDEN NAME: Elizabeth Grimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): /

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Lillie Cooley, Dickerson Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Right Hemiplegia, Cerebral vascular Accident — Interval Between Onset and Death: 11 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive - Arteriosclerotic Cardio Vascular Disease — 4 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition — Undet.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to 28 May, 1953, that I last saw the deceased alive on 28 May, 1953, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE: Gordon McSmith (Degree or title) M.D. ADDRESS Barnesville DATE SIGNED 29 May 53

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial

DATE THEREOF: 5/31/53

NAME OF CEMETERY OR CREMATORY: Monocacy

LOCATION (City, town, or county) (State): Beallsville Md

DATE REC'D BY LOCAL REG.: May 29-1953

REGISTRAR'S SIGNATURE: Charles W. Edgington per J.E.

24. FUNERAL DIRECTOR ADDRESS: William B. Hilton Barnesville, Md

VS A15

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JUN 2 1953
BUREAU V.

05170

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ✓

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 746 Thayer Ave.

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) Wheaton (Last) COWELL
4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6/3/81
9. AGE Last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor (retired)
10b. KIND OF BUSINESS OR INDUSTRY: Brick Contractor
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: A. Myron Cowell
14. MOTHER'S MAIDEN NAME: Mary C. Wheaton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 214-03-8899
17. INFORMANT: Mr. A. Myron Cowell, Ashton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

445x Immediate cause (a) HYPERTENSIVE HEART DISEASE

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) ESSENTIAL HYPERTENSION
(c) GENERALIZED ARTERIOSCLEROSIS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CEREBRAL HEMORRHAGE (OLD)

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT 18, 19 51, to May 20 19 53 that I last saw the deceased alive on May 20, 19 53 and that death occurred at 1:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm Jas Gardner M.D. 1603 19th St. N.W. Washington, D.C. May 20-1953

BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5/23/53
NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery
LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. 5-22-53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Wm E. Turnbaugh
ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

RECEIVED
MAY 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]171

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, rural
LENGTH OF STAY (in this place) 3 Months 26 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 5311 "R" Street S.E.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Prust (Last) Crouch
4. DATE OF DEATH: (Month) May (Day) 29 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: December 24 1894
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months 5 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Armed Forces
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Marine Corps
11. BIRTHPLACE (State or foreign country): Lawrenceville, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Abran CROUCH
14. MOTHER'S MAIDEN NAME: Martha Carter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) WWII
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: WIFE: Imogene Crouch : Same as No.2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

16 2X

Immediate cause (a) Acute pulmonary edema — Interval Between Onset And Death: 12 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pneumonia, rt. lung. — 30 hrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma, left lung, treated by pneumonectomy 2 mo

19a. DATE OF OPERATION: 26 March 53
19b. MAJOR FINDINGS OF OPERATION Bronchiogenic Ca., left lung
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 19 53, to May 29, 19 53, that I last saw the deceased alive on May 29, 19 53, and that death occurred at 3:20 AM, from the causes and on the date stated above.

SIGNATURE John Hansen (Degree or title) J.I.F. [illegible] HANSEN, LCDR, MC, USN., ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED May 29 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 30 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR May 29 1953
REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR S. H. Hines Funeral Home, ADDRESS 2901 14th. Street N.W., Washington, D.C..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
JUN 1 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 0.0 A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print) (First) Everett (Middle) Thomas (Last) Daniel
4. DATE OF DEATH (Month) May (Day) 23 (Year) 1953
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept 3 1898
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Animal trainer
10b. KIND OF BUSINESS OR INDUSTRY rodeo
11. BIRTHPLACE (State or foreign country) Ky
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Broad Daniel
14. MOTHER'S MAIDEN NAME Amanda Easel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ruth Daniel (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thoracic hemorrhage due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest (left)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY horse farm (CITY OR TOWN) Bethesda (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) May 23-53 4 P m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Gored by bull

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Bronhart M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-23-53

23. PLACE OF CREMATION OR BURIAL (Specify) Burial
DATE THEREOF 5-28-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REG 5/25/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

14 Grafton St, Chevy Chase

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Grafton St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 14 Grafton st.

3. NAME OF DECEASED: (Type or Print) (First) M. Angela (Middle) Davis (Last)

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec 7, 1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George E. Chappelear

14. MOTHER'S MAIDEN NAME: Angie C. Herbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: 14 Grafton St. Earl H. Davis Chevy Chase Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Cerebral hemorrhage (Apoplexy) — 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — 10 yrs +
DUE TO (c) following pneumonia apoplexy 1½ years ago

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1953, to ..., 19..., that I last saw the deceased alive on May 29, 1953, and that death occurred at 7:15 Am, May 30, from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilson Fay — ADDRESS 1901-Wyo. Ave, Washington DC. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 1, 1953 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetary — LOCATION (City, town, or county) (State) Prince George Co. Md.

DATE REC'D BY LOCAL REGISTRAR May 30, 1953 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR S.N. Hines Co. — ADDRESS 2901 14th St N.W. Washington D.C.

6/1/53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. (A15)

1

Rock Creek Key, M.D.

RECEIVED
JUN 3 19[illegible]
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05171

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 64 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 1610 Hobart St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Ercelle (Middle) Miriam (Last) De Nisio
4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1953

5. SEX: Female COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 1-10-94
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lockwood, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cornelius L. Stephens
14. MOTHER'S MAIDEN NAME: Amy Watson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Old Rec.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 163X (a) Pulmonary Edema — Interval Between Onset And Death: 2 days

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of Lungs - Metastatic (?) — 2 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Neoplasm (Carcinoma) of Bones

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5, 1953, to 5-8-, 1953, that I last saw the deceased alive on 5-8, 1953, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert A Hare MD. ADDRESS Takoma Park Md. DATE SIGNED 5/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 12-1953
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem.
LOCATION (City, town, or county) Prince Georges Co. (State) Md.
DATE REC'D BY LOCAL REGISTRAR May 8 1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR S.H. Hines Co. ADDRESS 2901 14th St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH ~~BALTIMORE 23~~ 5175

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7800 Woodmont Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural give location): 7800 Woodmont Ave.

3. NAME OF DECEASED: (Type or Print) (First) EVELINA (Middle) MILDRED (Last) DICKINSON

4. DATE OF DEATH: (Month) (Day) (Year) May 20, 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female	White	Single	June 19, 1869	83 yrs.	Months 11 Days 1	Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Govt. Emp.	U.S.Govt.	Washington, D.C.	US

13. FATHER'S NAME: Samuel C. Dickinson

14. MOTHER'S MAIDEN NAME: Hasseltine Davis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	Miss Elizabeth Dickinson-Item# 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

199.9
Immediate cause (a) Carcinomatosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma, primary site undetermined 6 mos.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20, 1953, to 5-20, 1953, that I ~~last~~ Never saw the deceased alive on —, 19—, and that death occurred at 10 50 P.M., from the causes and on the date stated above.

SIGNATURE George A. Gray Jr. M.D. (Degree or title) — ADDRESS 104 Cheny Chase DR Ch Ch Md. — DATE SIGNED 5/21/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-22-53	Rock Creek	Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 5/22/53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Robert A. Pumphrey — ADDRESS Bethesda, Md.

DR. E. Snowdon has cared for the deceased for many months, I George A. GRAY, JR., Md. was acting in his behalf in pronouncing patient dead on 5/20/53.

VS. A15

MAY 25 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7918 Woodbury Drive	STREET ADDRESS (If rural, give location): 7918 Woodbury Drive

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): FRANCIS J. DICKSON

4. DATE OF DEATH (Month) (Day) (Year): May 14 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
Male	White	Widowed	10/9/73	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman (retired)	Furniture & etc.	Illinois	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edwin F. Dickson	Lucy Emmerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		none	Mr. Edwin E. Dickson, 7918 Woodbury Drive Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	1 day
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
	(c) Hypertension	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

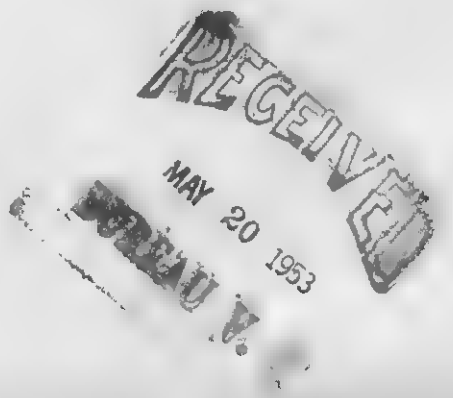
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from ....., 1946 to 14 May, 1953 that I last saw the deceased alive on 3 May, 1953, and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William D. Aud	M D	Silver Spring Md	14 May 53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/16/53	Ft. Lincoln Cemetery	Prince George County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
[illegible]	[illegible]	Warner E. Pumphrey	8434 Georgia Ave. Silver Spring, Maryland


RECEIVED
MAY 20 1953

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
STREET ADDRESS (If rural, give location) OAK St.

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Towner (Last) Dorritee

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 6/12/1876

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H-wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles J. Towner

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: J.F Jones Colvin Run, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Accident — 1½ days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 9, 1952, to May 27, 1953, that I last saw the deceased alive on May 17, 1953 and that death occurred at 11:54 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas Towner MD

ADDRESS 5089 Lenora Rd. Chevy Chase Md.

DATE SIGNED 5-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF May 29, 1953

NAME OF CEMETERY OR CREMATORY Union Cemetery

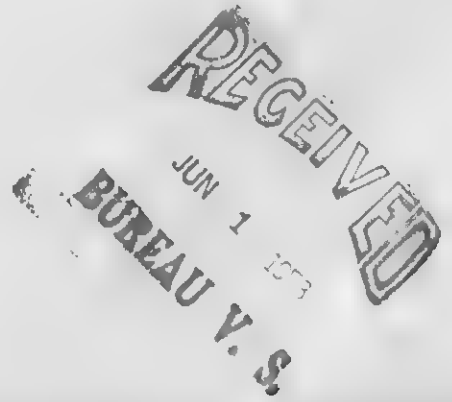
LOCATION (City, town, or county) (State) Leesburg Virginia

DATE REC'D BY LOCAL REG. 5-28-53

REGISTRAR'S SIGNATURE Frances Porter

24. FUNERAL DIRECTOR W. A. Chambers & Son

ADDRESS Washington D.C.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JUN 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montg. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wakefields Rest Home 700 Hudson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) (Last) Drayton
4. DATE OF DEATH (Month) (Day) (Year) May, 12, 1953 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug 19 1872
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Charleston, S.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William E. Jones
14. MOTHER'S MAIDEN NAME Euterpe Croft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442 Immediate cause	(a) chronic myocarditis	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) cardio vascular renal disease	6 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 15, 1940, to May, 1953, that I last saw the deceased alive on May 11, 1953, and that death occurred at 1:20 A.m., from the causes and on the date stated above.

SIGNATURE E. E. Quayle M.D. (Degree or title) ADDRESS 1822 Biltmore St N.W. Wash. D.C. DATE SIGNED 5/ /53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF [illegible] NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. May 15th 1953 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901 - 14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 18 19
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05179

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Montgomery
STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5707 Wyngate Drive

3. NAME OF DECEASED: (Type or Print) (First) Elbert (Middle) Foster (Last) Durfee

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: July 27 1887
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months 9 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Accountant
10b. KIND OF BUSINESS OR INDUSTRY: Accounting Belmont Corp
11. BIRTHPLACE (State or foreign country): Davenport, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Elbert L. Durfee
14. MOTHER'S MAIDEN NAME: Irene Foster

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Son: Elbert F. Durfee Jr. Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442X (a) Arteriosclerotic cardio-vascular disease with severe arteriolo-nephrosclerosis — Interval Between Onset And Death 3 yrs.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1953, to May 25, 1953, that I last saw the deceased alive on May 25, 1953, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE J. J. Dempsey (Degree or title) J. J. DEMPSEY LT MC USN, ADDRESS U.S. Naval Hospital NNMC, Bethesda, Maryland. DATE SIGNED May 26 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial
DATE THEREOF 26 May 1953
NAME OF CEMETERY OR CREMATORY Ardsley Cemetery
LOCATION (City, town, or county) (State) Glenside, Pennsylvania.

DATE REC'D BY LOCAL REGISTRAR May 26 1953
REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR R. A. PUMPHREY FUNERAL HOME, ADDRESS 7557 Wisconsin, Avenue, Bethesda, Maryland.

VS. A-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1894

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10604 Dunkirk Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10604 Dunkirk Drive

3. NAME OF DECEASED: (Type or Print) (First) Efthemeos (Middle) (Last) Efantis

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov.20,1896
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Own business
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Epanmenondas N.Efantis
14. MOTHER'S MAIDEN NAME: Sophia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Nondas P.E.Efantis 10604 Dunkirk Dr.Silver Spring,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 163 x

Immediate cause (a) Pulmonary Alveolar Cell Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 4 years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947, to May 9, 1953, that I last saw the deceased alive on May 8, 1953, and that death occurred at 3:15 A.m., from the causes and on the date stated above.

SIGNATURE May 9, 1953 (DEGREE OR TITLE) ADDRESS Maurice Mendes M.D. 1730 Eye St N W Wash 6 D.C. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 12, 1953
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem
LOCATION (City, town, or county) Prince George Co. (State) Md.

DATE REC'D BY LOCAL REG. 5-11-53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901-14 St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH — COUNTY: Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg — LENGTH OF STAY (in this place): 72yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
STREET ADDRESS (If rural, give location): 2 Walker Ave

3. NAME OF DECEASED (Type or Print): (First) Garnett (Middle) Waters (Last) Etchison
4. DATE OF DEATH: (Month) may (Day) 26 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 24-1880
9. AGE last birthday: 72yrs. If under 1 year: Months 9 Days 2 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Drugst & Pulman Co, Conductor, Gaithersburg, Md.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: E C Etchison
14. MOTHER'S MAIDEN NAME: Nettie D. Waters
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Jeanette Titlow Etchison. Gaithersburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Adenocarcinoma Colon — 5½ months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastases of Adenocarcinoma to Liver & Pancreas — not known

19a. DATE OF OPERATION: Feb. 15, 53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon with Metastases
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1953, to May 26, 1953, that I last saw the deceased alive on May 20, 1953, and that death occurred at 5 oz a m., from the causes and on the date stated above.

SIGNATURE: Jack Schumacher (Degree or title) M.D. — ADDRESS: Gaithersburg, Md. — DATE SIGNED: May 26, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5-28-53 — NAME OF CEMETERY OR CREMATORY: Forest Oak — LOCATION (City, town, or county) (State): Gaithersburg, Md.

DATE REC'D BY LOCAL REG.: May 26, 1953 — REGISTRAR'S SIGNATURE: Alsuda G. Cooke

24. FUNERAL DIRECTOR: Ernest C. Gartner. Gaithersburg, Md. — ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05182

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (Woodacres)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (Woodacres)
STREET ADDRESS (If rural give location) 6201 Welborn Road

3. NAME OF DECEASED: (Type or Print) (First) Allie (Middle) May (Last) Farmer

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 21, 1874

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Knox County, Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A. Brackett

14. MOTHER'S MAIDEN NAME: Rebecca Hurst

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mack Farmer 3138 10th ST. N. Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Dehydration and alkalosis — 1 week

DUE TO

Antecedent causes (b) Chronic Non-Specific Gastro-enteritis — 4 months
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — 10 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1948, to May 9, 1953, that I last saw the deceased alive on May 7, 1953, and that death occurred at 12:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ramon S. Hardman M.D — ADDRESS 1801 Eye St. N.W. Wash. 6, D.C. — DATE SIGNED May 9, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 5-11-53 — NAME OF CEMETERY OR CREMATORY Cem — LOCATION (City, town, or county) Arlington Co. — (State) Va.

DATE REC'D BY LOCAL REGISTRAR 5/11/53 — REGISTRAR'S SIGNATURE Bessie M. Hamilton

24. FUNERAL DIRECTOR The S.H. Hines Co. — ADDRESS 2901-14th St. N.W. Washington D.C.

RECEIVED
MAY 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
MARYLAND
LENGTH OF STAY (in this place) 33 hr. 25 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) Rt #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sara	Kathryn	Ferguson	May	14	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		May 12, 1953	yrs.		1	33	26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Waterman Michael Ferguson	Mary Jeanne French

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Prematurity	1½ days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

776X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 12, 1953, to May 14, 1953, that I last saw the deceased alive on May 14, 1953, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. B. Mitchell	MD	6900 Maple Ave. Chevy Chase Md	May 18 1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, or county) (State)
Burial	5/16/53	Davidsonville Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/15/53	Lizzie [illegible]	A. H. Hines & Son	901-14 St. N.W.

20532112C

VS-115

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 15181

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 4mos-3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jan. 4 Washington Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 9305 Cedar St

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Fine

4. DATE OF DEATH: (Month) (Day) (Year) 26 1953

5. SEX: M

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 15-1889

9. AGE last birthday: 63 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Grocery

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Solomon Fine

14. MOTHER'S MAIDEN NAME: Lillian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 2 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis — Interval Between Onset And Death: 2 to 3 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1953, to May, 1953, that I last saw the deceased alive on May 26, 1953, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

SIGNATURE and (Degree or title) C. Fidel Andrade MD

ADDRESS 8320 Dougan Ave. Silver Spring, Md.

DATE SIGNED 5/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 5/27/53

NAME OF CEMETERY OR CREMATORY Lee Washington Memorial Park

LOCATION (City, town, or county) Hyattsville Md (State)

DATE REC'D BY LOCAL REGISTRAR May 26 1953

REGISTRAR'S SIGNATURE J. Nelson Noll

24. FUNERAL DIRECTOR Goldberg Funeral Home

ADDRESS 4217-9th St. N.W. Washington D.C.

RECEIVED
MAY 29 1953
BUREAU

FilmG154 Item #14 5/13/53 mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0518

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Mont. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sunnyside Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N. C. COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wash.
STREET ADDRESS (If rural give location) 407-13 St NE

3. NAME OF DECEASED: (Type or Print) (First) HERNIE (Middle) W. (Last) FISHER

4. DATE OF DEATH: (Month) 5 (Day) 1 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 19 1877
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, [redacted] if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Wm. Wolfe
14. MOTHER'S MAIDEN NAME: Rebecca Wolfe

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Henry F Fisher 4107-13 St. NE Wash. DC

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33 X

Immediate cause (a) Hypostatic pneumonia — Interval Between Onset And Death: 2 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Cerebral Hemorrhage — 15 days.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Ap. 16, 1953, to May 1, 1953, that I last saw the deceased alive on May 1, 1953 and that death occurred at 10 30 Pm, from the causes and on the date stated above.

SIGNATURE Richard Shaw (Degree or title) 1324 Mich. Ave NE DATE SIGNED May 1 1953

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 5/6/53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Shoemakersville Pa

DATE REC'D BY LOCAL REGISTRAR 5/4/53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The S H Stinea Co ADDRESS 2901-14 th St NW Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1953
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 516

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (In this place) 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C. N.W.
STREET ADDRESS (If rural, give location) 5425 Western Ave.

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) Harwood (Last) Francisco
4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Mar 18 1872
9. AGE last birthday: 81 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Nursing
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Marian Francisco
14. MOTHER'S MAIDEN NAME: Emma Jane Adams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs L.C. Fr[illegible] Sister Hisnew Home

18. MEDICAL CERTIFICATION 5425 Western Ave Wash D.C.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

900.0 Immediate cause (a) Cerebral hemorrhage + laceration
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to fracture of skull — 1 day
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY (P) OR CONTRIBUTING (C) CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Chevy Chase (COUNTY) Mont (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 4-10-53 1:15 P m. | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? Fell down basement steps

22 *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Frank J. Dorsett M.D. | Gaithersburg Md | 5-11-53

23. BURIAL CREMATION REMOVAL (Specify) Burial-Removal | DATE THEREOF 5-13-53 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Danville (State) Va

DATE REC'D BY LOCAL REG. 5/12/53 | REGISTRAR'S SIGNATURE Bessie M. [illegible] | 24. FUNERAL DIRECTOR J.H. Hines Or 7901-140 al-n w. | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookeville — LENGTH OF STAY (in this place) 2 1/2 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New York City
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) 567 W. 113th St.

3. NAME OF DECEASED (Type or Print)	(First) Marguerite	(Middle) Adelaide	(Last) GAFF	4. DATE OF DEATH	(Month) May	(Day) 1	(Year) 1953
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Sept. 28, 1860	9. AGE last birthday 92 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Artist	10b. KIND OF BUSINESS OR INDUSTRY Art	11. BIRTHPLACE (State or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME John Gaff	14. MOTHER'S MAIDEN NAME Anna Kelley						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. —	17. INFORMANT Mrs. Alexander Casanges.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
4200 Immediate cause	(a)	Coronary Occlusion	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerotic Heart Disease	1 year.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) —	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ —	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from Nov., 1950, to May 1, 1953, that I last saw the deceased alive on April 29, 1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Richard U. Yates	M.D.	Olney, Md.	May 1 1953.

23. BURIAL, CREMATION REMOVAL (Specify) Cremation	DATE THEREOF May 2 1953	NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory	LOCATION (City, town, or county) Maryland	(State) Md
DATE REC'D BY LOCAL REG. 5-2-53	REGISTRAR'S SIGNATURE Gertrude B Fowler	24. FUNERAL DIRECTOR Roy W. Barber	ADDRESS Laytonsville Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park

LENGTH OF STAY (in this place) 1 year

HOSPITAL OR INSTITUTION OR STREET ADDRESS 40 Philadelphia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park

STREET ADDRESS (If rural, give location) 40 Philadelphia Ave

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) G. (Last) Gallo

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: August 29, 1899

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: Food

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George Gallo

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Naomi Joan Gallo, 40 Philadelphia Ave. T.P. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443x

Immediate cause (a) Dyspnoea, pulmonary congestion, circulatory failure — INTERVAL BETWEEN ONSET AND DEATH: months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive heart disease, congestive failure — (a) 5 yrs + (b) 1 yr +

DUE TO Auricular fibrillation (for months has BP has been low)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/9/1948, to 5/13, 1953, that I last saw the deceased alive on 5/9/, 1953, and that death occurred at 3:45 A.m., from the causes and on the date stated above.

SIGNATURE C. W. Hotchkiss (DEGREE OR TITLE) MD, ADDRESS 500 Underwood St. NW DATE SIGNED 5/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF May 15, 1953 NAME OF CEMETERY OR CREMATORY George Washington Cemetery LOCATION (City, town, or county) Prince Geo. County (State) Md

DATE REC'D BY LOCAL REG. May 13 1953 REGISTRAR'S SIGNATURE J. Nelson Dodd **24. FUNERAL DIRECTOR** Arthur Pollers ADDRESS 254 Carroll St. N.W. Takoma Park 12, D.C.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 12 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Suitland
STREET ADDRESS (If rural give location) 4650 Davis Avenue

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Gee

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: May 16 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 12 Min. 0

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William L. Gee
14. MOTHER'S MAIDEN NAME: Patricia Ann Zellers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mother; Patricia A. Gee; Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

774 X

Immediate cause (a) Immaturity

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity in onset of labor.

DUE TO

(c) (Infant weighed 1 lb. 11 oz.)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1953, to May 17, 1953, that I last saw the deceased alive on May 17, 1953, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) P. W. SCHNEIDER, LT MC USN, ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED May 18 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF May 19 1953
NAME OF CEMETERY OR CREMATORY Naval Medical School, NNMC
LOCATION (City, town, or county) (State) Bethesda, Maryland.

DATE REC'D BY LOCAL REGISTRAR May 18 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR ADDRESS Naval Medical School, NNMC, Bethesda, Maryland.

2053214220

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416

RECEIVED
MAY 20 1953
BUREAU V. S.

05190

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
RURAL LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6700 Allegheny Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 6700 Allegheny Avenue

3. NAME OF DECEASED: (Type or Print) (First) LULA (Middle) CROUCH (Last) GILLS

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 15, 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country) Bedford, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: E. A. Gills
14. MOTHER'S MAIDEN NAME: Elizabeth Mildred Poindexter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hugh A. Gills, 6700 Allegheny Ave T.P., Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 Months.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis, Generalized — 10 years.

DUE TO

(153X) (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of colon

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1952, to 21 May, 1953, that I last saw the deceased alive on 20 May, 1953, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE G. B. Quillen (Degree or title) M.D. 7112 Willow Ave ADDRESS Takoma Park, Md. DATE SIGNED 21 May 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 23, 1953
NAME OF CEMETERY OR CREMATORY Bedford Va. Cemetery
LOCATION (City, town, or county) Bedford, (State) Virginia
DATE REC'D BY LOCAL REGISTRAR May 21-1953
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW Takoma Park D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 25 1953
BUREAU

Item 14 FilmG154 6/1/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 .. 05191

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Montgomery
STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 3301 Turner Lane

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) Smith (Last) Goodwin

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 19 1914

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months 2 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Howard Smith

14. MOTHER'S MAIDEN NAME: Laura Drake

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Husband: Harold B. Goodwin; Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Glioblastoma multiforme, brain — Interval Between Onset And Death: 9+ months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-4-52

19b. MAJOR FINDINGS OF OPERATION: Left frontal lobe brain tumor

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 19 53, to May 23, 19 53, that I last saw the deceased alive on May 23, 19 53, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. P. Thelen, LCDR MC USN
ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland.
DATE SIGNED May 24 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial
DATE THEREOF May 24 1953
NAME OF CEMETERY OR CREMATORY Spring Grove Cemetery
LOCATION (City, town, or county) (State) Florence, Massachusettes.

DATE REC'D BY LOCAL REGISTRAR May 24 1953
REGISTRAR'S SIGNATURE Ethel Watlington

24. FUNERAL DIRECTOR ADDRESS R.A. Pumphrey Funeral Home, 7557 Wisconsin, Avenue, Bethesda, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MAY 23 1957
BUREAU

Item 8 FilmG154 6/1/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

X 48

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7927 Wisconsin Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Dist. Col. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 4709 Dexter Street, N. W.

3. NAME OF DECEASED: (Type or Print) (First) Caroline (Middle) R. (Last) GRAHAM

4. DATE OF DEATH: (Month) (Day) (Year) May 22, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Aug. 31, 1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months 8 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank Reynolds

14. MOTHER'S MAIDEN NAME: Julia Darrow

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs E. Miller- 20 W. Kirk St., Ch. Ch. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Myocardial Failure — Interval Between Onset And Death: 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive Heart — 5 yrs ?

DUE TO (c) [illegible]

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1953, to May 22, 1953, that I last saw the deceased alive on May 21, 1953, and that death occurred at 8:10 A.M., from the causes and on the date stated above.

SIGNATURE W. B. Jones (Degree or title) M.D. ADDRESS 1150 Connecticut Ave Washington D.C. DATE SIGNED 5/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5-23-53 NAME OF CEMETERY OR CREMATORY Rock Creek LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 5/23/53 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 25 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 97193

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt 3 - Bethesda Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 3809 Military Rd.

3. NAME OF DECEASED: (Type or Print) (First) EDITH (Middle) M (Last) GRAY
4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: MAY 23 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm ~~ABBE~~ Abbe.
14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Nursing Home Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Pulmonary Edema — Interval Between Onset And Death: 6 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Left Cerebral Hemorrhage — 24 hrs

DUE TO (c) Hypertensive Cardio-vasculo-renal disease — 25 yrs

(1.3.4)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture left ~~leg~~ Femur. — 6 mo.

19a. DATE OF OPERATION: 2/12/53
19b. MAJOR FINDINGS OF OPERATION: Prothesis left Femur.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 3 1952 m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Fell on slippery floor.

22. I hereby certify that I attended the deceased from July 29, 1939, to May 12, 1953 that I last saw the deceased alive on May 12, 1953, and that death occurred at 4:40 P.M. from the causes and on the date stated above.

SIGNATURE Glen Pinsock (Degree or title) Md. ADDRESS 4000-16th St N.W. DATE SIGNED May 12 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-15-53
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cem.
LOCATION (City, town, or county) (State): Pr. George's Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 5/13/53
REGISTRAR'S SIGNATURE: Bessie [illegible]
24. FUNERAL DIRECTOR: The S.H. Hines Co. ADDRESS: 2901 - 14th N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 15 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05191

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7116 Maple Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park.
STREET ADDRESS (If rural give location) 7116 Maple Avenue

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) L. (Last) GREENFIELD

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1953.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: April 4. 1871
9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months, Days IF UNDER 24 HRS. Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Government
11. BIRTHPLACE (State or foreign country) Camden, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Holland Greenfield
14. MOTHER'S MAIDEN NAME: Jewel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Amy Greenfield, 7116 Maple Ave. Tak. Pk. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death 6 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis Generalized — 10-15 years.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Aug, 1950, to 28 May, 1953., that I last saw the deceased alive on 28 May, 1953., and that death occurred at 7 30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
G. L. Kullen M.D. 7112 Willow Ave Takoma Park, Md. 28 May 1953.

23. BURIAL, CREMATION, REMOVAL (Specify) Transit Burial
DATE THEREOF June 27 1953
NAME OF CEMETERY OR CREMATORY Mt. Hill Cem
LOCATION (City, town, or county) Eaton (State) Ohio
DATE REC'D BY LOCAL REGISTRAR: May 28 1953
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW Takoma Park. D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1953
BUREAU V. S.

05195

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Darnestown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 3 Gaithersburg

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomer
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Darnestown
STREET ADDRESS (If rural give location) R.F.D. # 3 Gaithersburg

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) J. H. [illegible] (Last) GRIMES

4. DATE OF DEATH: (Month) May (Day) 5, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-18-'90

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months 1 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Angelo Grimes

14. MOTHER'S MAIDEN NAME: Mary C. Carter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. 1

16. SOCIAL SECURITY No.: 217-18-0850

17. INFORMANT & ADDRESS: Minnie M. Grimes- Item# 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

430.1

Immediate cause (a) DUE TO Coronary occlusion — Interval Between Onset And Death: 5 minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arteriosclerosis — 5 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left hemiplegia — 8 months

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Jan., 1950, to 5 May, 1953, that I last saw the deceased alive on 29 April 1953, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE John C. Lawrett M.D. (Degree or title) ADDRESS Boyd, Md DATE SIGNED 6 May 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 5-8-'53

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 5-7-53

REGISTRAR'S SIGNATURE Helen S. Eckenfelder

24. FUNERAL DIRECTOR Robert A. Humphrey

ADDRESS Bethesda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C5196

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Monigomery. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda. LENGTH OF STAY (in this place) 2 days 19 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital. 1516 East West Highway.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Monigomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Percy (Middle) Anthony. (Last) HALL
4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.
8. DATE OF BIRTH: Nov. 17-1905
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Employment Mang.
10b. KIND OF BUSINESS OR INDUSTRY: Peoples Drugs Stores
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Percy Hall Sr.
14. MOTHER'S MAIDEN NAME: Emma Geiser.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY No.: 177-05-1319
17. INFORMANT & ADDRESS: 1516 East West Highway Wife. Mrs Percy Hall - Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 593 X (a) Lower Nephrin Nephrosis DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Glomerulonephritis DUE TO
(c)

Interval Between Onset And Death: 3 day. 6 Mos?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 20, 1953, to May 31, 1953, that I last saw the deceased alive on MAY 31, 1953, and that death occurred at 3:15 pm., from the causes and on the date stated above.

SIGNATURE William N. Gadol M.D. (Degree or title) ADDRESS 8016 Georgetown Rd. Bethesda, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial
DATE THEREOF 6/2/53
NAME OF CEMETERY OR CREMATORY Mt. Rose Cemetery
LOCATION (City, town, or county) (State) York, York County, Pa.
DATE REC'D BY LOCAL REGISTRAR 6/3/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
JUN 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 6 days 9 hrs 23 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 4335 Harrison St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Harris (Middle) B. (Last) Lillian
4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Oct. 15, 1884
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry Weaver
14. MOTHER'S MAIDEN NAME: Josephine Anderson
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Miss Margaret M Harris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Recent myocardial infarction — Interval Between Onset And Death: 1/2 - 1 hour

DUE TO Old " " — 5 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary atherosclerosis — " "

DUE TO (c) Diabetes mellitus. — 7 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Amputation of R. leg - above knee - for diabetic gangrene

19a. DATE OF OPERATION: 5-27-53
19b. MAJOR FINDINGS OF OPERATION: Extensive atherosclerosis of R. popliteal artery.
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24, 1953, to 5-31, 1953, that I last saw the deceased alive on 5-30, 1953, and that death occurred at 3:53 A, from the causes and on the date stated above.

SIGNATURE J. Roscoe Creer (Degree or title) M.D. ADDRESS 900-17th St. N.W. Wash. 6, D.C. DATE SIGNED 5-31-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/3/53
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem
LOCATION (City, town, or county) (State) Bladensburg Md

DATE REC'D BY LOCAL REGISTRAR 6/1/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Cleary Chase Fund Home ADDRESS 5102 [illegible] Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6532 Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6532 Maple Ave.

3. NAME OF DECEASED (Type or Print) (First) HAROLD (Middle) (NMI) (Last) HEDGES

4. DATE OF DEATH (Month) (Day) (Year) May 18, 1953 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 5-12-1896
9. AGE last birthday 57 yrs. If under 1 year Months 0 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dep. Agriculture
10b. KIND OF BUSINESS OR INDUSTRY U.S.Gov't.
11. BIRTHPLACE (State or foreign country) Nebraska
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Charles A. Hedges
14. MOTHER'S MAIDEN NAME Emma R. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W W I
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs M. F. Hedges- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brockhart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 5-14-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-21-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 5/22/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

841

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MAY 25 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
LENGTH OF STAY (In this place): 5 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase,
STREET ADDRESS (If rural, give location): 4702 - Chevy Chase Blvd.

3. NAME OF DECEASED (Type or Print): (First) ANDREW (Middle) JOHNSON (Last) HILL

4. DATE OF DEATH: (Month) May (Day) 6, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify): Single

8. DATE OF BIRTH: Mar. 22, 1880

9. AGE last birthday: 73 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Electrician

11. BIRTHPLACE (State or foreign country): St. Mary's County, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Giles Hill

14. MOTHER'S MAIDEN NAME: Julia Hazel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Dutton 4702 - Ch. Ch. Blvd. Ch. Ch. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acetaminosis	
	(c) Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5, 1953, to 5/6, 1953, that I last saw the deceased alive on 5/6, 1953, and that death occurred at 10:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. Joseph Kenick — 7942 Wisconsin Ave, Bethesda Md. — 5/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: MAY 9/53

NAME OF CEMETERY OR CREMATORY: FORT LINCOLN

LOCATION (City, town, or county) (State): Pr. Geo. County, Md.

DATE REC'D BY LOCAL REG. 5/7/53

REGISTRAR'S SIGNATURE: Rosalie M. Thompson

24. FUNERAL DIRECTOR: Martin W. Nysong Co. — ADDRESS: 1300 - N St. N.W. Wash. D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 11 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clopper — LENGTH OF STAY (In this place) 95 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clopper.
STREET ADDRESS Rural (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Augusta (Last) Hutton

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov 26-1857

9. AGE last birthday: 95 yrs. — If under 1 year: Months 5, Days 25 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeping.

10b. KIND OF BUSINESS OR INDUSTRY: Home Work

11. BIRTHPLACE (State or foreign country): Clopper, Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Hutton

14. MOTHER'S MAIDEN NAME: Mary Augusta Clopper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Miss Rose Hutton, Clopper.Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senility

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1953, to May 21, 1953 that I last saw the deceased alive on May 20, 1953, and that death occurred at 6 50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jack Schumacher M.D. — ADDRESS Gaithersburg, Md. — DATE SIGNED May 21, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-23-53 — NAME OF CEMETERY OR CREMATORY: St, Rose — LOCATION (City, town, or county) (State): Clopper. Md.

DATE REC'D BY LOCAL REG.: May 22, 1953 — REGISTRAR'S SIGNATURE: Rhoda L. Drake

24. FUNERAL DIRECTOR — ADDRESS: Ernest C. Gartner. Gaithersburg.Md

RECEIVED
MAY 23 19
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg | LENGTH OF STAY (In this place) 27yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) 23 Cedar Ave

3. NAME OF DECEASED (Type or Print): (First) Della (Middle) Laura (Last) Johnson
4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Aug 5-1878
9. AGE last birthday: 74 yrs. | If under 1 year: Months 9 Days 23 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home Work
11. BIRTHPLACE (State or foreign country): Comus Md.
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Philip Stevens
14. MOTHER'S MAIDEN NAME: Elizabeth Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Percy Ward. Gaithersburg.Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary occlusion — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/26, 1953, to 5/28, 1953, that I last saw the deceased alive on 5/28, 1953, and that death occurred at 11:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
D J Burschart M.D. | Gaithersburg Md | 5/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5-31-53 | NAME OF CEMETERY OR CREMATORY: Forest Oak | LOCATION (City, town, or county) (State): Gaithersburg. Md,

DATE REC'D BY LOCAL REG.: May 30, 1953 | REGISTRAR'S SIGNATURE: Ethuda L Cooke

24. FUNERAL DIRECTOR | ADDRESS: Ernest C. Gartner. Gaithersburg.Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS (A15)

RECEIVED
JUN 2 1953
BUREAU V. E.

Items 8,23 FilmG154 5/22/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

201

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9127 Georgia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 545 [illegible] Rd. N.W.

3. NAME OF DECEASED (Type or Print) (First) Effie (Middle) (Last) Johnson
4. DATE OF DEATH (Month) May (Day) 19 (Year) 1953
5. SEX Female
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 1902
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Max Sonder 9127 Ga. Ave Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide , homicide , undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Brosehart M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-19-53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF May 23 53 NAME OF CEMETERY OR CREMATORY Woodlawn Cem. LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. [illegible] REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS 424-R St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 052102

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural
LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park
STREET ADDRESS (If rural give location): 274 Chinlee Drive

3. NAME OF DECEASED: (First) Elizabeth (Middle) Ann (Last) Jones
4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 14, 1949
9. AGE Last birthday: 3 yrs. IF UNDER 1 YEAR: Months 9 Days 27 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oakland, California.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Ernest F. Jones
14. MOTHER'S MAIDEN NAME: Anna Maksim
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father: Ernest F. Jones Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death
Immediate cause: 204.0 (a) Generalized Vascular Hemorrhage — 24 hr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Acute Lymphocytic Leukemia — 9 mos
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30 1953, to May 11, 1953, that I last saw the deceased alive on May 11, 1953, and that death occurred at 10:11 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
P. W. SCHNEIDER, LT., MC, USN., U.S.Naval Hospital, NNMC, Bethesda, Maryland. May 12, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 14, 1953
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR: May 12, 1953
REGISTRAR'S SIGNATURE: Edith Whittington
24. FUNERAL DIRECTOR ADDRESS: TIMOTHY HANLON FUNERAL HOME, 3831 Georgia Avenue, N.W., Washington, D.C.

RECEIVED
MAY 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 203

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 8407 Old Georgetown Rd.

3. NAME OF DECEASED: (Type or Print) (First) LULU (Middle) R. (Last) KELBY

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1953

5. SEX: FEMALE Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept. 13, 1871
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Williamsport Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Addison B. Richardson
14. MOTHER'S MAIDEN NAME: Ella Cotton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Adelaide Kelby - 8407 Old Georgetown Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease
DUE TO

(c)

Interval Between Onset And Death: 7 days 2 years

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1953, to May 27, 1953, that I last saw the deceased alive on May 27, 1953, and that death occurred at 7:55 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert G. Angle M.D.
ADDRESS 5029 Bethesda Ave. Bethesda, Mary and
DATE SIGNED 5/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 5/28/1953
NAME OF CEMETERY OR CREMATORY Lees Crematorium
LOCATION (City, town, or county) (State) Wash. D.C.
DATE REC'D BY LOCAL REGISTRAR 5/28/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR J. Wm Lees Sons Co.
ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9904 Portland Road

3. NAME OF DECEASED (Type or Print) (First) Terry (Middle) Lucas (Last) KOMENDA
4. DATE OF DEATH (Month) May (Day) 16 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 23 July 1936
9. AGE last birthday 16 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Warrenton, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Walter Aloysius KOMENDA
14. MOTHER'S MAIDEN NAME Romayne GAINES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS (Stepfather) J. Clarke SWAYZE same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825X Immediate cause (a) Injurious multiple extremes — 3 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Laceration of brain — 45 min

(c) Rupture of spleen

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Bethesda (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-15-53 - 10 29 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank O. Beverhart M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-16-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 19 1953
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Prince Georges Co., Maryland
DATE REC'D BY LOCAL REG. 16 May 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR ADDRESS Warner E. PUMPHREY, 8434 Georgia Ave., Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] (1520)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. Please write plainly, with unfading ink. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Md; MARYLAND LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town); STREET ADDRESS (If rural give location) 2800 Quebec St. N.W. Washdc.

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) J. (Last) Larsen

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 4, 1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Sales and executive

10b. KIND OF BUSINESS OR INDUSTRY: Bonding materials

11. BIRTHPLACE (State or foreign country): Cattaraugus N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lars Peter Larsen

14. MOTHER'S MAIDEN NAME: Anna Mueller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.I.

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Phyllis Larsen 2800 Quebec St NW Wash DC.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-vasoular accident — Interval Between Onset And Death: 1½ hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/25, 1953, to 5/25, 1953, that I last saw the deceased alive on 5/25, 1953, and that death occurred at 5:15 PM 5/25/53, from the causes and on the date stated above.

SIGNATURE Allen J. O'Neill (Degree or title) MD ADDRESS 7940 old Georgetown Road Bethesda Md DATE SIGNED 5-25-53

23. BURIAL, CREMATION, REMOVAL, (Specify) Cremation; DATE THEREOF 5-26-53; NAME OF CEMETERY OR CREMATORY Cedar Hill; LOCATION (City, town, or county) Suitland, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Cremation 5/29/53; REGISTRAR'S SIGNATURE Tessie M. Thompson; FUNERAL DIRECTOR Robert T. Humphrey; ADDRESS Bethesda, Md.

RECEIVED
JUN 1 1953
BUREAU V. S.

206

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 1 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6811 Eastern Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Louisiana COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Orleans
STREET ADDRESS (If rural, give location) 1 Stilt St.

3. NAME OF DECEASED (Type or Print) (First) Alexander (Middle) Jos. (Last) Leach
4. DATE OF DEATH (Month) May (Day) 23 (Year) 1953
5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Apr. 8 1909
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Civil Service
10b. KIND OF BUSINESS OR INDUSTRY Com-Regional Director
11. BIRTHPLACE (State or foreign country) New Orleans La.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Leach
14. MOTHER'S MAIDEN NAME Marcella Bouchery
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Stella Leach (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4x1,1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection __, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide __, homicide __, undetermined __.*

SIGNATURE Frank J. Bosschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Transit Burial
DATE THEREOF 5/24/53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) New Orleans (State) La

DATE REC'D BY LOCAL REG. May 23-53
REGISTRAR'S SIGNATURE J. Wilson Drell
24. FUNERAL DIRECTOR S. H. Hines Co. ADDRESS 2901-14 st N.W. Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 25 1953
BUREAU V.

05207

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brinklow
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brinklow
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Beatrice (Middle) Mathews (Last) Lee
4. DATE OF DEATH (Month) May (Day) 24 (Year) 1953

5. SEX Female
6. COLOR OR RACE Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) married
8. DATE OF BIRTH May 5, 1899
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Matthews
14. MOTHER'S MAIDEN NAME Louise Pratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Frank Lee, Brinklow, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 x 1.0

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral Insufficiency — several years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thyrotoxicosis — 1952

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 30, 1939, to May 24, 1953, that I last saw the deceased alive on May 24, 1953, and that death occurred at 3:10 A m., from the causes and on the date stated above.

SIGNATURE Webster Lewell (Degree or title) ADDRESS Selvey Spring DATE SIGNED 5.25.53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 5/27/53 NAME OF CEMETERY OR CREMATORY Sandy Spring LOCATION (City, town, or county) Sandy Spring (State) Md

DATE REC'D BY LOCAL REG. 5-27-53 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHEVY CHASE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: FRIEND SHIP REST HOME 5612 WISCONSIN AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: ~~1495 NEWTON ST.~~ COUNTY: WASH, D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON, D.C.
STREET ADDRESS (If rural, give location): 1495 NEWTON ST, N.W.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): PAULINE PIGGOTT LEITH
4. DATE OF DEATH (Month) (Day) (Year): MAY 15 1953
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (circled)
8. DATE OF BIRTH: 6-15-1897
9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: THOMAS PIGGOTT - VA
14. MOTHER'S MAIDEN NAME: LILA C. NICHOLS - VA.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: C.L. LEITH 1495 NEWTON ST. N.W. WASH. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162X Immediate cause (a) Pulmonary failure — 2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchogenic carcinoma c metastasis to bone + liver. — 4 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): NONE — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While ~~at~~ ~~Not While~~ Work ☐ At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from FEB 6, 1953, to MAY 15, 1953, that I last saw the deceased alive on MAY 14, 1953, and that death occurred at 8:58 A.m., from the causes and on the date stated above.

SIGNATURE: George W. Hoover Jr. MD. (Degree or title) — ADDRESS: 3109-16th St. N.W. Wash D.C. — DATE SIGNED: May 15, 53

23. BURIAL CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 18, 1953 — NAME OF CEMETERY OR CREMATORY: Purcellville Cem. — LOCATION (City, town, or county): Purcellville (State) Va.

DATE REC'D BY LOCAL REG.: 5/15/53 — REGISTRAR'S SIGNATURE: — 24. FUNERAL DIRECTOR: Jos. F. Birch's Sons — ADDRESS: 3034 M. St. N.W. Wash. D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 18 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH ~~BALTIMORE, 18~~ 65209

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Col. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 3929 Huntington St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Elizabeth (Last) Light
4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: April 2 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months 1 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Boulter
14. MOTHER'S MAIDEN NAME: Emily Marcelus

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Harry L. Light - 3929 Huntington St. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 47 0.1
(a) Acute Coronary Occlusion — Interval Between Onset And Death: 4 days
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Coronary Heart Disease — 5 yrs.
DUE TO
(c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 29, 1953, to May 3, 1953, that I last saw the deceased alive on May 2, 1953, and that death occurred at 10:35 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Sidney C. Cousins, M.D. 3921 Ingomar St. N.W. Wash. D.C. May 3 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-5-53
NAME OF CEMETERY OR CREMATORY Congressional
LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REGISTRAR 5-5-53
REGISTRAR'S SIGNATURE Bessie M. Thompson Per LBH
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
MAY 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH ~~XXXXXXXXXXXXXXX~~ 05210

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) Ligon Knoll, Georgetown Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) F (Last) LIGON, Sr.
4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 16, 1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months 7 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): President
10b. KIND OF BUSINESS OR INDUSTRY: Fl.&Window Mfg.
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John D. Ligon
14. MOTHER'S MAIDEN NAME: Maria Fulton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 577-18-4707
17. INFORMANT & ADDRESS: Wally Ligon-9604 Page Ave. Beth. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1950, to May 16, 1953 that I last saw the deceased alive on May 16, 1953, and that death occurred at , from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Moyer M.D. ADDRESS Bethesda Md DATE SIGNED 5-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/19/1953
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) (State) Rockville Maryland

DATE REC'D BY LOCAL REGISTRAR 5/19/53
REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR Roberts A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]212

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | RURAL | LENGTH OF STAY (In this place) 22 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | Inner Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 7607 - 15th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Lurana (Middle) Elizabeth (Last) Little
4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	10-17-77	75 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Kensington, Md.	U.S.A.

13. FATHER'S NAME: William Mannakee
14. MOTHER'S MAIDEN NAME: Georgianna Knowles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Mrs Mannakee Little 7305 - 15th Ave Takoma Park, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Massive hemorrhage. — 3 yrs.
DUE TO
Antecedent causes (b) Chronic Leukemia
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1953 to May 28, 1953, that I last saw the deceased alive on May 28, 1953, and that death occurred at 6:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ernest G. Sarad M.D. 7006 New Hampshire Ave Takoma Park, Md 5/26/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 1, 1953	Rockville, Union	Rockville, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 1 - 1953	J. Milton Dodd	Robert H. Humphrey	Bethesda, Md.

VS. 415

RECEIVED
JUN 3 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 7 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale; STREET ADDRESS (If rural, give location) 4906 Tuckerman St

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Joseph (Last) Little

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-18-15

9. AGE last birthday: 37 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Alterator

10b. KIND OF BUSINESS OR INDUSTRY: Colored Hospital

11. BIRTHPLACE (State or foreign country): N. C

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm T. Little

14. MOTHER'S MAIDEN NAME: Gertrude Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hosp Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X Immediate cause (a) Etamon Chloride, Poisoning — Interval Between Onset and Death: 25 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) Takoma Park (COUNTY) Monty (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 5-16-53-10:00 A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Was dose of Etamon by mistake

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J Borchert M.D. Washington DC 4-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Frazier-Funeral

DATE THEREOF 5/18/53

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Snow Hill N.C.

DATE REC'D BY LOCAL REG'R May 16 1953

REGISTRAR'S SIGNATURE J. Nichols Dodd

24. FUNERAL DIRECTOR Chevy Chase Funeral Home

ADDRESS 5103 Wisconsin Ave Wash DC

RECEIVED
MAY 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 35211

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4504 Walsh Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 4504 Walsh Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) HOWARD (Last) LOVEJOY

4. DATE OF DEATH: (Month) (Day) (Year) May 15, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-3-1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 5 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Roofer
10b. KIND OF BUSINESS OR INDUSTRY: Tinning-Self Emp.
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles Lovejoy
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Spanish American
16. SOCIAL SECURITY No.: 579-18-6801-A
17. INFORMANT & ADDRESS: Estelle M. Lovejoy- Item # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3:2X

Immediate cause (a) Cerebral Thrombosis DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 5-12-53 (3 days)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1944, to 5-15, 1953, that I last saw the deceased alive on 5/17, 1953, and that death occurred at 5:35 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul D. Cantor MD ADDRESS Bethesda DATE SIGNED 5/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-18-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 5/19/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 21 1953

05216

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 21 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington Park
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Edward (Last) MacInnis
4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 30, 1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 11 Days 7 IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fort Devens, Massachusettes
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Walter H. MacInnis
14. MOTHER'S MAIDEN NAME: Florence Wing
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Walter H. MacInnis
Father: Same as # 2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7562

Immediate cause (a) Cardiac arrest
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) anesthesia incident to Major Surgery
DUE TO
(c)

Interval Between Onset And Death: approx 2 hrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5/7/53
19b. MAJOR FINDINGS OF OPERATION: Congenital megacolon
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 1953, to May 7, 1953, that I last saw the deceased alive on May 7, 1953, and that death occurred at 3:21 P.M., from the causes and on the date stated above.

SIGNATURE G. S. Durdeler (Degree or title) LT. MC, USN., ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED May 8 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 9 1953
NAME OF CEMETERY OR CREMATORY Ebeneezer Cemetery, St. Marys County, California, Maryland.
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR May 8 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.
ADDRESS

9V5299V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
MAY 11 1953
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05217

Reg. Dist. No. 316

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place) 8 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS 230 Wooten Avenue	STREET ADDRESS (If rural give location) 230 Wooten Avenue

3. NAME OF DECEASED (Type or Print)	(First) ELIZABETH	(Middle) Norquay	(Last) MARWICK	4. DATE OF DEATH	(Month) May (Day) 29 (Year) 1953
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Feb.19,1869	9. AGE last birthday 84 yrs.	If under 1 year Months 3 Days 10 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Orkney, Scotland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME William Norquay	14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Lindsay C. Howell-Same Item #2			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Carcinoma of Cervix

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 17, 1953, to MAY 29, 1953, that I last saw the deceased alive on MAY 29, 1953, and that death occurred at 6:50 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert G. Angle	M.D.	5029 BETHESDA AVE. BETHESDA, MARYLAND	5/29/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 6/1/1953	NAME OF CEMETERY OR CREMATORY Parklawn	LOCATION (City, town, or county) (State) Rockville Maryland
DATE REC'D BY LOCAL REG. 6/1/53	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Robert A. Humphrey	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 3 1953
BUR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]218

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda Rural
LENGTH OF STAY (in this place): 24 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 1226 49th. Street N.E.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) McClung

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Negrow.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 8, 1953

9. AGE last birthday: 0 yrs.
IF UNDER 1 YEAR: Months 0 Days 1
IF UNDER 24 HRS.: Hours 0 Min. 0

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Brock "G" McClung

14. MOTHER'S MAIDEN NAME: Martha E. Anderson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mother: Martha E. McClung same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

774X

Immediate cause (a) Immaturity

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 19 53, to May 9, 19 53, that I last saw the deceased alive on May 9, 19 53 and that death occurred at 9:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P. M. SCHREIBER, LT, MC, USN. U.S.Naval Hospital, NNMC, Bethesda, Maryland. May 10 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF: May 11 1953
NAME OF CEMETERY OR CREMATORY: Naval Medical School, NNMC,
LOCATION (City, town, or county) (State): Bethesda, Maryland.

DATE REC'D BY LOCAL REGISTRAR: May 10, 1953
REGISTRAR'S SIGNATURE: Edwin Whittington
24. FUNERAL DIRECTOR: Naval Medical School, NNMC, Bethesda, Maryland
ADDRESS

2053191220

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1953
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (7219)

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 5½ Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Prince
STATE Maryland COUNTY Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 2802 74th. Avenue

3. NAME OF DECEASED: (Type or Print) (First) Donna (Middle) Jean (Last) McDaniel

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: February 21 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 2 Days 15 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ira G. McDaniel

14. MOTHER'S MAIDEN NAME: Frances Rodman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father: Ira G. McDaniel Same as #2 Above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Myocardial failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Non specific Myocarditis
DUE TO (c) Interstitial Pneumonia

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6 ,19 53 , to May 6 , 19 53 , that I last saw the deceased alive on May 6 , 19 53 , and that death occurred at 4:05 PM , from the causes and on the date stated above.

SIGNATURE (Degree or title) P. W. SCHNEIDER, LT MC USN
ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland.
DATE SIGNED May 7 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 8 1953
NAME OF CEMETERY OR CREMATORY Arlington, National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR May 7 1953
REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR ADDRESS R.A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

2023352405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 11 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

5220

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) 3 hrs 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash San - Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash D.C.
STREET ADDRESS (If rural, give location) 810 Otis Place N.W. D.C.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (none) (Last) Mc Gauran
4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1953

5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 10-18-91
9. AGE last birthday: 61 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Vets Adm
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY: U. S.

13. FATHER'S NAME: James Mc Gauren
14. MOTHER'S MAIDEN NAME: Katherine Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT (Name and ADDRESS): Sister - 810 Otis Place N.W. Dc.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

584X

Immediate cause (a) Congestive Heart Failure — Interval between onset and death: 10 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Nephrosis & Renal Insufficiency — 5 yrs
(c) Cholecystitis Cholelithiasis — 8 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1953, 19..., to May 12, 1953, that I last saw the deceased alive on May 12, 1953, and that death occurred at 9.30 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title): Kenneth Haig Hsy MD ADDRESS: 43y Ellwood Dr
DATE SIGNED: 5-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/15/53
NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
LOCATION (City, town or county) (State): Montgomery County, Maryland

DATE REC'D BY LOCAL REG.: May 18 1953
REGISTRAR'S SIGNATURE: J. Wilson Dodd
24. FUNERAL DIRECTOR: Leamer & Troughton
ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '21

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location) Muddy Branch Road

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) (Last) Mills

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 27 1869

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours 16 — Min. 4

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House keeper

10b. KIND OF BUSINESS OR INDUSTRY: Home work

11. BIRTHPLACE (State or foreign country): Gaithersburg Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Mills

14. MOTHER'S MAIDEN NAME: Matilda Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Nephew. Fred Day - Gaithersburg, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Broncho pneumonia	1 wk.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteroselerosis, generalized	yrs.
	(c) DUE TO Malnutrition	yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

450.0

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4-24, 1953, to 5-1, 1953, that I last saw the deceased alive on 4-30, 1953, and that death occurred at .., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dorothy Gill M.D. ADDRESS 7511 Arlington Rd, Beth. DATE SIGNED 5-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF #5/4/53 — NAME OF CEMETERY OR CREMATORY Forest Oak — LOCATION (City, town, or county) Gaithersburg (State) Md

DATE REC'D BY LOCAL REGISTRAR 5/5/53 — REGISTRAR'S SIGNATURE Beasie M. Thompson Per LBH

24. FUNERAL DIRECTOR Ernest C. Gaither — ADDRESS Gaithersburg Md

VS. A15

RECEIVED
MAY 7 1953
BUREAU N. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 7222

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 3 hr 20 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) 4304 Colchester Drive

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Curtis (Last) Monniz

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 29, 1874

9. AGE last birthday: IF UNDER 1 YEAR Months 8 Days 5 — IF UNDER 24 HRS. Hours — Min. — 78 yrs.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Henry Monniz

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Eugene Curtis Monniz Kensington Md 4304 Colchester Drive Son

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Aortic and mitral Stenosis, Calcific	10 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	10 years
	DUE TO (c) Atherosclerosis, Generalized	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Leukemia, Myeloid, Chronic	2 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9, 1950, to May 4, 1953, that I last saw the deceased alive on May 4, 1953, and that death occurred at 5:25 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert A. Engle M.D. — ADDRESS 5029 Bethesda Ave Bethesda Md — DATE SIGNED 5/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-transit — DATE THEREOF 5/5/53 — NAME OF CEMETERY OR CREMATORY North Butler — LOCATION (City, town or county) (State) Butler Pennsylvania

DATE REC'D BY LOCAL REGISTRAR 5/5/53 — REGISTRAR'S SIGNATURE Bessie M. Thompson Deputy — 24. FUNERAL DIRECTOR Roberts A. Humphrey — ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 7 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (7223)

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural give location) 1859 Wilson Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Mannie (Middle) Semyra (Last) Montgomery

4. DATE OF DEATH: (Month) 5 (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 3/10/03

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): clerk

10b. KIND OF BUSINESS OR INDUSTRY: Feder/Communications

11. BIRTHPLACE (State or foreign country): com. Cowan, Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Montgomery

14. MOTHER'S MAIDEN NAME: Katherine Brazelton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Washington San. + Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

447X

Immediate cause (a) Uremic State — Interval Between Onset And Death: 2 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerosis — years?

DUE TO

(c) Hypertension — years?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/3/, 1953, to 5/23/, 1953, that I last saw the deceased alive on 5/23/ 1953, and that death occurred at 6:55 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert A Hare MD ADDRESS Takoma Park Md. DATE SIGNED 5/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Funeral Burial — DATE THEREOF May 25-1953 — NAME OF CEMETERY OR CREMATORY Montgomery Tenn. — LOCATION (City, town, or county) Cowan Tennessee (State)

DATE REC'D BY LOCAL REGISTRAR May 13-1953 — REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR 2901 14th St N.W. ADDRESS S.N. Hines Co. Washington D.C.

VS. A16

MAY 25 1953
BUREAU V

ITEMS 8,9: film G153 5-26-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 05224

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville R.F.D.
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Great Cad Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Manor Club Estates
STREET ADDRESS (If rural give location) Great

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) W (Last) Moore
4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6. 3. 1891
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Rtd. Secy. to U.S. Tariff
10b. KIND OF BUSINESS OR INDUSTRY: Commissioner
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alfred T. Moore
14. MOTHER'S MAIDEN NAME: Mahala Weir

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Louise Moore

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

93X

Immediate cause (a) Uraemia — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) General Arteriosclerosis Nephritis — years

DUE TO (c) Hypertension, Left Hemiphlegia — 2 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hyperprostate. Retention

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 12/24/ 1952, to 5/6/ 1953 that I last saw the deceased alive on 5/3/ 1953 and that death occurred at 8.15 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Sandy Spring DATE SIGNED 5/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF May 9, 1953 NAME OF CEMETERY OR CREMATORY Oak Hill LOCATION (City, town, or county) Wash DC (State)

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Chevy Chase Funeral Home ADDRESS 5101 Wis Ave Mnr. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
MAY 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05225

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 1 hr. 5 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 2100 Hanover St.

3. NAME OF DECEASED (Type or Print) (First) Gladys (Middle) E. (Last) Morales
4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 2 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housemaker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Walter Finley Kent
14. MOTHER'S MAIDEN NAME: Elizabeth Hodges
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Leon E. Morales - 2100 Hanover St Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

170 X

Immediate cause (a) Carcinomatosis — 1 yr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of the Breast — 2 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ascites — 9 yrs

19a. DATE OF OPERATION: 2 yrs ago
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 5 Sept 1952, to 16 May, 1953, that I last saw the deceased alive on 16 May, 1953, and that death occurred at 11 30 AM, from the causes and on the date stated above.

SIGNATURE Merton L. White (Degree or title) M.D. ADDRESS 9427 Georgia Ave, Silver Spring, Md DATE SIGNED 16 May 53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 5/18/53 NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery LOCATION (City, town, or county) Prince Georges Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 5/18/53 REGISTRAR'S SIGNATURE Bessie M. [illegible]

24. FUNERAL DIRECTOR S. H. Hines Co. ADDRESS 2901-14 St. N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05226

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 8109 Chester St.

3. NAME OF DECEASED: (Type or Print) (First) Carson (Middle) Carmon (Last) Morrison
4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-22-02
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: College
11. BIRTHPLACE (State or foreign country): Chatham, Ont. Canda
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edwin L Morrison
14. MOTHER'S MAIDEN NAME: Ada Hyatt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records of Wash. San. and Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

445 X

Immediate cause (a) Bleeding and Nausea Vomiting and Anuria — Interval Between Onset And Death: Apr. 9 1953

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension, turned malignant — 4

DUE TO

(c) Anuria with lower nephron nephrosis — May 5 1953

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1952, to May 5, 1953, that I last saw the deceased alive on May 5, 1953, and that death occurred at 6 05 P.m, from the causes and on the date stated above.

SIGNATURE Chas. M. Wolohan (Degree or title) MD
ADDRESS 7401 Blair Road NW
DATE SIGNED 5/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 7, 1953
NAME OF CEMETERY OR CREMATORY George Washington Cemetery
LOCATION (City, town, or county) Prince George County, (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 5 1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, ADDRESS 254 Carroll St Takoma Park. DC

MARGIN RESERVED FOR BINDING.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 29 Woodhaven Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
STREET ADDRESS (If rural give location): 29 Woodhaven Blvd.

3. NAME OF DECEASED: (Type or Print) (First) JANE (Middle) KINGHORN (Last) MURRAY

4. DATE OF DEATH: (Month) May (Day) 15, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 19, 1870
9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months 9, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Robert Kinghorn
14. MOTHER'S MAIDEN NAME: Isabella Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Isabella M. Thompson- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause — (a) DUE TO: Hypostatic pneumonia — Interval Between Onset And Death: 4 days

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO: Cardio-vascular-renal disease — 3 yrs.

(170X) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma, right breast

19a. DATE OF OPERATION: 1941
19b. MAJOR FINDINGS OF OPERATION: Carcinoma right breast.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1953, to May 15, 1953, that I last saw the deceased alive on May 13, 1953, and that death occurred at 5:10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): S. C. Cousins, M.D. — ADDRESS: 3921 Ingomar St. N.W. Washington — DATE SIGNED: 5/15/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial Transit — DATE THEREOF: 5-15-53 — NAME OF CEMETERY OR CREMATORY: Monongahela — LOCATION (City, town, or county) (State): Washington Co., Pennsylvania

DATE REC'D BY LOCAL REGISTRAR: 5/19/53 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Robert H. Pumphrey — ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
MAY 21 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 411 Windsor Street

3. NAME OF DECEASED: (Type or Print) (First) Reuben (Middle) Andrew (Last) Nelson

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 14, 1904

9. AGE last birthday: 48 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Physicist

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): California

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Andrew Nelson

14. MOTHER'S MAIDEN NAME: Jennie Hansson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Lillian Nelson (wife), 411 Windsor St. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Coronary thrombosis — Interval Between Onset And Death: 6 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1947 to 10 May, 1953, that I last saw the deceased alive on 10 May, 1953 and that death occurred at 9:15 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William D. Cud, MD Silver Spring, Md 11 May '53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/13/53
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR 5/14/53
REGISTRAR'S SIGNATURE Bessie W. [illegible] or Treasurer
24. FUNERAL DIRECTOR ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

5

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

— MARGIN RESERVED FOR BINDING

RECEIVED
MAY 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05229

CERTIFICATE OF DEATH

Reg. Dist. No. 523

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park

LENGTH OF STAY (in this place) 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park

STREET ADDRESS (If rural give location) 11 Lee Ave

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Edward (Last) Nelson

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 20, 1883

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Conference S.D.A.

11. BIRTHPLACE (State or foreign country): South Dakota

12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: Peter Nelson

14. MOTHER'S MAIDEN NAME: Andrea Kien

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Myocardial infarction

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: one day

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1953, to May 10, 1953, that I last saw the deceased alive on May 9, 1953, and that death occurred at 1:10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Vance J. Maloney Jr. MD

ADDRESS Takoma Park, Md.

DATE SIGNED May 10, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF May 16th 1953

NAME OF CEMETERY OR CREMATORY St. Helena Cem.

LOCATION (City, town, or county) St. Helena (State) Calif.

DATE REC'D BY LOCAL REGISTRAR May 10-1953

REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR Arthur S. Vallers

ADDRESS 254 Carroll St N.W. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05230

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 2 Months 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Florida COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sarasota
STREET ADDRESS (If rural give location) 2500 South Tamiami Trail

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (None) (Last) O'Connor

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: February 5 1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months 3 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John O'Connor

14. MOTHER'S MAIDEN NAME: Katherine McColia

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Half-Brother: J. W. MEREDITH Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Metastases squamous cell carcinoma generalized
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Squamous cell carcinoma, left tonsil.
DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 26, 1953, to May 29, 1953, that I last saw the deceased alive on May 29, 1953, and that death occurred at 6:50 AM, from the causes and on the date stated above.

SIGNATURE R. A. GAILLARD, (Degree or title) CDR MC USN, ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED May 29 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 2 1953

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR May 29 1953

REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home, ADDRESS 7557 Wisconsin Avenue, Bethesda, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 1 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05231

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL) OR TOWN Bethesda.
LENGTH OF STAY (in this place) 5 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda. Md.
STREET ADDRESS (If rural give location) 446 Greenlawn Dr.

3. NAME OF DECEASED: (First) Nettie (Middle) I. (Last) Plummer.
4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1953.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated
8. DATE OF BIRTH: Jan 5-1879
9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): W. Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James A. Reese
14. MOTHER'S MAIDEN NAME: Bertha Shoemaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no.
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: 4800 Fairmont Ave Grandson. John Hartley. Bethesda Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Congestive Heart Failure,
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic Heart disease
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerbral arteriosclerosis, Pleural effusion Empty - sinus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ — Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ,1952 to May 13, 1953, that I last saw the deceased alive on May 13, 1953, and that death occurred at 10.25 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John F. Stapleton M.D 326 E Montgomery Ave Rockville, Md 5/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-16-53
NAME OF CEMETERY OR CREMATORY Rockville Union
LOCATION (City, town, or county) (State) Rockville, Md.
DATE REC'D BY LOCAL REGISTRAR 5/14/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Robert C. Pumphrey ADDRESS Bethesda, Md.

VS. A16

RECEIVED
MAY 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 16 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 5204 4th. Street N.W.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Francis (Last) Poirier

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 16, 1921

9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR Months 6 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Gardner, Massachusettes

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wilfred Poirier

14. MOTHER'S MAIDEN NAME: Sylvia Allain

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓Yes (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wife: Mary E. Poirier Same as #2 Above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4/C x

Immediate cause (a) RHEUMATIC HEART DISEASE 2 MITRAL VALVE DEFORMITY OF — Interval Between Onset And Death: 6-8 YEARS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CONGESTIVE HEART FAILURE — 6 WEEKS

DUE TO

(c) ELECTROLYTE IMBALANCE — 10 DAYS

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2 19 53, to May 7, 19 53, that I last saw the deceased alive on May 7, 19 53, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

SIGNATURE P. R. JAMES
(Degree or title) ADDRESS DATE SIGNED
P. R. JAMES, LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland. May 7 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 9 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR May 1 1953
REGISTRAR'S SIGNATURE Elliot Worthington
24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

VS. 46 1

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 8 1953
BUREAU A. S.

5233

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE 12~~

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 5037 Wilson Lane

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Anthony (Last) Poliquin

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1953

5. SEX: Male Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 5-19-'01
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months 11 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Gov't.
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Silvio Poliquin
14. MOTHER'S MAIDEN NAME: Ella Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 359-05-7252
17. INFORMANT & ADDRESS: Ella H. Poliquin- Item# 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
421 Immediate cause	(a) Pulmonary Embolization	1 hour
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	DUE TO (b) Myocardial Infarction	14 days
	DUE TO (c) Essential Hypertension	10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951, to May 12, 1953, that I last saw the deceased alive on May 12, 1953, and that death occurred at 10:37 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert G. Angle M.D. ADDRESS 5029 Bethesda Ave Bethesda Md DATE SIGNED 5/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-16-'53
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) (State) Montgomery, Maryland
DATE REC'D BY LOCAL REGISTRAR 5/15/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 18 1953
BUREAU V. S

05231

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 2 Hours 17Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 2634 Tenlow Road N.W.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Raines "A"
4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 16 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min. 17

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert E. Raines
14. MOTHER'S MAIDEN NAME: Margeret Ela Grim

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mother: Margeret Ela Raines Sames as #2 above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Immaturity, Prematurity — Interval Between Onset And Death 4 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1953, to May 16, 1953, that I last saw the deceased alive on May 16, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
P. G. HOVEMAN, LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland. May 16 1953

23. BURIAL, CREMATION, REMOVAL, (Specify) Cremation
DATE THEREOF May 18 1953
NAME OF CEMETERY OR CREMATORY Naval Medical School, NNMC, Bethesda, Maryland.
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR May 16 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR ADDRESS Naval Medical School, NNMC, Bethesda, Maryland

2153201260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Komenda, Terry.

RECEIVED
MAY 10 ...
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 3 Hrs. 17 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 2634 Tenlow Road N.W.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Raines "B"

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: May 16 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 3 Min. 17

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert E. Raines

14. MOTHER'S MAIDEN NAME: Margeret Ela Grim

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mother: Margeret Ela Rainex: Same as #2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) DUE TO Prematurity, Immaturity

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 3 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 19 53, to May 16, 19 53, that I last saw the deceased alive on May 16, 19 53, and that death occurred at 4:35 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P. G. ROVEMAN, LT MC USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland. May 16 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE THEREOF May 18 1953

NAME OF CEMETERY OR CREMATORY Naval Medical School, NNMC,

LOCATION (City, town, or county) (State) Bethesda, Maryland.

DATE REC'D BY LOCAL REGISTRAR May 18 1953

REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR ADDRESS Naval Medical School, NNMC, Bethesda, Maryland.

2153201260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MAY 1
BUREAU V. S.

Items 11,13,14 Film 154 6/8/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 807 Tewkesbury Place, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) M (Last) Robey

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1953

5. SEX: Fe

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-8-89

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Wash., DC.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James F. Poole

14. MOTHER'S MAIDEN NAME: Mary Ann Schroth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Nat. Inst. of Health
Margaret Joan Callahan - OL 4-1400 254

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 170 X Cachexia-Carcinomatosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma Breast

DUE TO (c)

Interval Between Onset And Death

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 May, 1953, to 31 May, 1953, that I last saw the deceased alive on 31 May, 1953, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Suburban Hospital Bethesda Md. DATE SIGNED 31 May '53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-3-53 — NAME OF CEMETERY OR CREMATORY Mt. Olivet — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 6/1/53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR The S.H. Hines Co — ADDRESS 2901-14th St. N.W.

RECEIVED
JUN 3 1953
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; LENGTH OF STAY (in this place) 6 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Montg.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg, Rt 2; STREET ADDRESS (If rural, give location) Asbury Methodist Home

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) Sybil (Last) Rogers

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 7 1869

9. AGE last birthday: 83 yrs. If under 1 year: Months 11, Days 25; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home keeping

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Bridgeville Del.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Rogers

14. MOTHER'S MAIDEN NAME: Martha E. Coley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Asbury Methodist Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X Immediate cause (a) malignancy L left Kidney — Interval Between Onset and Death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — year

(c) Renal ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. organic dementia — 1 year

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-4-1950, to 5-2-1953, that I last saw the deceased alive on 5-2-1953 and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Putnam C. Miller M.D. 7 Brookside, Gaithersburg, Md. 5-4-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/5/53

NAME OF CEMETERY OR CREMATORY: Woodbine

LOCATION (City, town, or county) (State): Harmonsburg Md.

DATE REC'D BY LOCAL REG.: May 4, 1953

REGISTRAR'S SIGNATURE: Ethel L. Cooke

24. FUNERAL DIRECTOR: Frank L. Gaetano ADDRESS: Gaithersburg Md.

MAY 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2 14 ... 0234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1006 Spring Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 1006 Spring Street

3. NAME OF DECEASED: (First) JOSEPH (Middle) WILLIAM (Last) ROGERS (Type or Print)

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8/6/02

9. AGE last birthday: 50 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Coal Miner - in the coal fields

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Shamokin, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph G. Rogers

14. MOTHER'S MAIDEN NAME: Katherine Falconbridge

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 181-07-4347

17. INFORMANT & ADDRESS: Mr. Gilbert Fisher, 1006 Spring Street Silver Spring, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Acute cor pulmonale — Interval between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: Silicosis — 25 yrs
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952 to May 21, 1953 that I last saw the deceased alive on May 20, 1953, and that death occurred at 5 a.m. May 21 (1953), from the causes and on the date stated above.

SIGNATURE: Blair Bra M.D. (Degree or title)

ADDRESS: 5641 Colesville Rd. Silver Spring, Md.

DATE SIGNED: May 21, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial — DATE THEREOF: 5/21/53 — NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery — LOCATION (City, town, or county) (State): Shamokin, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR: 5-21-53

REGISTRAR'S SIGNATURE: Issued 5-21-53

24. FUNERAL DIRECTOR: Pearsall & Humphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

VS. A15

RECEIVED
MAY 25 19
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. X

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9009 Fairview Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9009 Fairview Road

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Gray (Last) Rollins

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	6/8/61	91 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker - own home	Retired	Virginia Va.	U.S.A.

13. FATHER'S NAME George Jennings

14. MOTHER'S MAIDEN NAME Susan Poetch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service

16. SOCIAL SECURITY NO. no

17. INFORMANT AND ADDRESS Nellie M. Stein

18. MEDICAL CERTIFICATION 9009 Fairview Rd., Silver Spring, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
45.6 Immediate cause	(a) Cardiac decompensation	2-3 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	?
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, Bronchial — 1 week

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

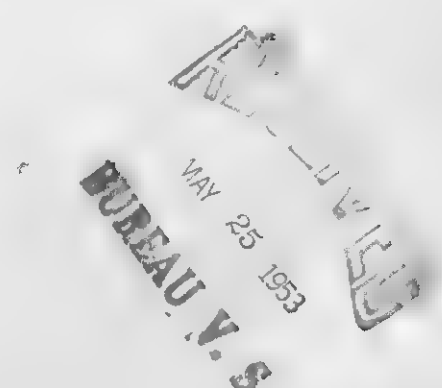
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 46, to 20 May, 1953, that I last saw the deceased alive on 20 May, 1953, and that death occurred at 11:30P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William D. Cuff	M.D	Silver Spring Md	20 May '53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/23/53	Cedar Hill Cemetery	Suitland, Maryland

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: 8434 Georgia Ave. Silver Spring, Md.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BUREAU V. S.

Item 9 FilmG154 6/8/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Sp MD
LENGTH OF STAY (in this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 308-Marmondy Dr

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring MD
STREET ADDRESS (If rural give location) 308 Marmondy Dr

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) H (Last) ROUTT

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: July 25-1903
9. AGE last birthday: 49 ~~56~~ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Broadway Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ben W. J. Hubbard
14. MOTHER'S MAIDEN NAME: Annie Brannan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: H Roy Routt Jr 308 Marmondy Dr

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 175X (a) Carcinomatosis
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Papillary Cyst adeno Carcinoma Ovary
DUE TO
(c)

Interval Between Onset And Death 7 wks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 1, 1953
19b. MAJOR FINDINGS OF OPERATION: Generalized Metastases - Carcinoma
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1952, to May 21, 1953, that I last saw the deceased alive on May 21, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clayton H. Hinson M.D.
ADDRESS 1835 - Ge St NW
DATE SIGNED May 21, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 5-22-53
REGISTRAR'S SIGNATURE Francis Potter
24. FUNERAL DIRECTOR The S. H. Hines Co
ADDRESS 2901-14th NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

MAY 25
BUREAU V. A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 10 yrs. 8 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 721 Kennebec Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 721 Kennebec Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Virginia Elizabeth Ruble

4. DATE OF DEATH: (Month) (Day) (Year) May 2, 1953

5. SEX: Fe
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 20, 1861
9. AGE last birthday: 91 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): New Castle, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Reynolds
14. MOTHER'S MAIDEN NAME: Sarah S. Leffel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Lora E. Ruble, 721 Kennebec Ave. Takoma Pk. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 421.0

			Interval Between Onset and Death
Immediate cause	(a)	Myocardial insufficiency	3 days
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Arteriosclerotic heart disease	7 yrs.
	DUE TO		
	(c)	Generalized arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Osteo-arthritis of hips, spine — 2 1/2 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11, 1946, to 5-2, 1953, that I last saw the deceased alive on May 2, 1953, and that death occurred at 2:50 A.m., from the causes and on the date stated above.

SIGNATURE Wallace N. Mook (DEGREE OR TITLE) M.D. ADDRESS 7701 Carroll Ave. Takoma Park, Md. DATE SIGNED 5-2-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 5, 1953
NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemy.
LOCATION (City, town, or county) (State) Eagle Rock, Botetourt Co., Va.

DATE REC'D BY LOCAL REG. May 2-1953
REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR Arthur Walters ADDRESS 254 Carroll St. NW Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

RECEIVED
MAY 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington, D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location) 4501 Argyle Terrace N.W.

3. NAME OF DECEASED: (Type or Print) (First) Jay (Middle) Schurman (Last) Schurman
4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-5-81
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Philadelphia, Penna
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Abraham Schurman or Schnurman
14. MOTHER'S MAIDEN NAME: Ellen Lazerow

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Patients chart, Wash. Sanitarium & Hosp. Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause +20.0 (a) Acute Myocardial Infarction — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease — 8 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1953, to May 26, 1953, that I last saw the deceased alive on May 26, 1953, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Vance J. Maloney Jr. MD
ADDRESS Takoma Park Md
DATE SIGNED May 26 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 28 53
NAME OF CEMETERY OR CREMATORY King David Mem. Garden
LOCATION (City, town, or county) Falls Church Va (State)

DATE REC'D BY LOCAL REGISTRAR May 26-1953
REGISTRAR'S SIGNATURE J. Nelson Todd
24. FUNERAL DIRECTOR B. Danzansky & Son Washington D.C.
ADDRESS 3501-14 [illegible] N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5243

CERTIFICATE OF DEATH

Reg. Dist. No. 216.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY Montgomery
   CITY (If outside corporate limits, write OR TOWN and give nearest town) Bethesda. | RURAL | MARYLAND
   LENGTH OF STAY (in this place) 25 hrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital. 1037 Randolph Macon Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Virginia COUNTY Fairfax
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria
   STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Anne. (Middle) May (Last) Smith.

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed. | 8. DATE OF BIRTH: Dec. 21-1885 | 9. AGE last birthday: 67 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Wisconsin | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Carl Hackbarth | 14. MOTHER'S MAIDEN NAME: Amile Bergin.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: None. | 17. INFORMANT & ADDRESS: Mrs Portia Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X
Immediate cause (a) Cerebral Vascular Thrombosis — Interval Between Onset And Death: 2 days.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Cerebral arteriosclerosis — 2 years
DUE TO
(260X)
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 15 years

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1953, to May 13, 1953, that I last saw the deceased alive on May 13, 1953, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
LeWitt E. DeLauter M.D. 8825 ABERDEEN RD. Beth. Md May 13, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5-14-53 | NAME OF CEMETERY OR CREMATORY Union Cemetary | LOCATION (City, town, or county) (State) West Bend, Wisconsin

DATE REC'D BY LOCAL REGISTRAR 5/15/53 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Co. 1400 Chapin St. NW

VS. A15

RECEIVED
MAY 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE~~ 1241

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physician: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5107 Wilson Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5107 Wilson Lane

3. NAME OF DECEASED: (Type or Print) (First) FREDERICK (Middle) O. (Last) Smith

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 5-1-'73

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months 0 Days 18 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ret. Vet. Adm.

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Gov't.

11. BIRTHPLACE (State or foreign country) Massachussets

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Joseph W. Smith

14. MOTHER'S MAIDEN NAME: Caroline Woodman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W. 1

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Maude B. Smith - Item# 2

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Coronary occlusion	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Atero-sclerosis - generalized	
3(OX)	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1951, to May 19, 1953, that I last saw the deceased alive on 5/19, 1953, and that death occurred at 1.0.20 p.m., from the causes and on the date stated above.

SIGNATURE Alfred S. Norton (Degree or title) M.D. ADDRESS 4711 Highland Ave Bethesda Md. DATE SIGNED 5/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5-25-53 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR 5/22/53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Robert McHumphery ADDRESS Bethesda, Md.

VS. A15

RECEI
MAY 25 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 8 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1730 North Capitol Street N.W.

3. NAME OF DECEASED: (Type or Print) (First) Baby Lei (Middle) Girl Teri (Last) Smith
4. DATE OF DEATH: (Month) May (Day) 9 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female	Negroid	Single	May 8 1953	yrs.	Months Days	Hours Min.
						7 [illegible]

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bethesda Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward H. Smith
14. MOTHER'S MAIDEN NAME: Joyce Dell Robingson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mother: Joyce D. Smith Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

774X

Immediate cause (a) IMMATURITY DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) PREMATURITY DUE TO

(c)

Interval Between Onset And Death
(a) 8 Hrs.
(b) 8 Hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 19 53, to May 9, 19 53, that I last saw the deceased alive on May 9, 19 53 and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H. O. RANDEL LT MC USN	U.S.Naval Hospital, NNMC, Bethesda, Maryland.	May 9 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF May 11,1953
NAME OF CEMETERY OR CREMATORY Naval Medical School, NNMC, Bethesda, Maryland.
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR May 9 1953
REGISTRAR'S SIGNATURE Elliot Worthington
24. FUNERAL DIRECTOR ADDRESS Naval Medical School, N.N.M.C. Bethesda, Maryland.

2053226240

MAY 12 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

(PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (In this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2705 Plyamouth Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2705 Plymouth Mill Rd

3. NAME OF DECEASED (Type or Print): (First) Lula (Middle) May (Last) Smith

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-17-1887

9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: Sally Knapp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Elgin Smith (Husband)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
4 Immediate cause (a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	death
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Brantz (Degree or title) M.D. ADDRESS 4 Thistle Ct Baltimore Md DATE SIGNED 5-31-53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 6-3 | NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL CEM | LOCATION (City, town, or county) ARLINGTON, VA. (State)

DATE REC'D BY LOCAL REG. 6-3-53 | REGISTRAR'S SIGNATURE Pearle Tolli

24. FUNERAL DIRECTOR S.H. Hines Co. ADDRESS 2901-14th St. N.W. WASH. D.C.

JUN 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 2 23

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3 1/2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 5912 - 14th St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Jennie (Last) Smith
4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	married	2-22-83	70 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife		Exeter, Va.	U.S.A.

13. FATHER'S NAME: Silas R. Strick
14. MOTHER'S MAIDEN NAME: Margaret Violet

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) DUE TO Generalized Metastatic Adenocarcinoma - ataxia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 18 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple lung diseases = bronchopneumonia unknown Cx meningitis

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1 yr. ago (?)	Carcinoma of breast (Lt.)	Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-12 ..., 1953, to 5-16 ..., 1953, that I last saw the deceased alive on 5-16 ., 1953, and that death occurred at 10:10 AM., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul V. Starr	M.D.	Takoma Park,	Md. 5-16-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-16-53	Crawford Nat. Cemetery	Lorton, Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 16 1953	J. Winn Dodd	The S.H. Hines Co.	2901 14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

RECEIVED
MAY 18 1953
BUREAU V. S

item 8: film G 148 6-12-53 L

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 10000 Frederick Ave

3. NAME OF DECEASED (Type or Print) (First) William (Middle) H (Last) Smith
4. DATE OF DEATH (Month) May (Day) 31 (Year) 1953
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 10, 1904
9. AGE last birthday 48 yrs. If under 1 year Months 21 Days 21 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Broker
10b. KIND OF BUSINESS OR INDUSTRY Self Emp.
11. BIRTHPLACE (State or foreign country) Springfield, Georgia
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME William Tully Smith
14. MOTHER'S MAIDEN NAME Lula Kennedy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 292-07-7518
17. INFORMANT AND ADDRESS Sara M. Smith- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry ; thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined*

SIGNATURE (Degree or title) Frank Jr. Bruchart M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-31-53

FORM OF CREMATION OR BIOVAL (Specify) Burial DATE THEREOF 6-4-53 NAME OF CEMETERY OR CREMATORY Parklawn LOCATION (City, town, or county) (State) Montg. Co., Maryland

DATE REC'D BY LOCAL REG. 6/4/53 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Loudion
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Purcellville
STREET ADDRESS (If rural give location) Box 414

3. NAME OF DECEASED: (Type or Print) (First) Emery (Middle) Edward (Last) Stewart
4. DATE OF DEATH: (Month) May (Day) 20 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: February 28 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months 2 Days 22 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy
11. BIRTHPLACE (State or foreign country): Oberon, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Albert Stewart
14. MOTHER'S MAIDEN NAME: Cora Pember
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wife: Ida Stewart ; Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1

Immediate cause (a) Arteriosclerotic cardiovascular disease 10 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pagets Disease of Bone — unk

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 19 53, to May 20, 19 53, that I last saw the deceased alive on May 20, 19 53, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE J. J. Dempsey (Degree or title) J. J. DEMPSEY LT MC USN, ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED May 21 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 22 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia.
DATE REC'D BY LOCAL REGISTRAR May 21 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR S.H. HINES FUNERAL HOME, ADDRESS 2901 14th. Street, N.W., Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 25 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07250

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Ednor
LENGTH OF STAY (in this place) 1yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Milgrove Garden

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Ednor.
STREET ADDRESS (If rural give location) Milgrove Garden

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) Herbert (Last) Strouse
4. DATE OF DEATH: (Month) 5 (Day) 31 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 11/3/1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Dist. of Col. Hwy. Dept
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Strouse
14. MOTHER'S MAIDEN NAME: Rose Lewis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Son, Herbert Strouse, Ednor, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
420	Immediate cause	(a) Congestive Heart Failure	1mo.
	Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO ~~Chronic Myocarditis~~	~~[illegible]~~
		(b) DUE TO Coronary Occlusion	1mo.
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 3yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/27, 1953, to 5/31, 1953, that I last saw the deceased alive on 5/30, 1953, and that death occurred at 1:00 am, from the causes and on the date stated above.

SIGNATURE C. H. Bigon (Degree or title) MD ADDRESS Sandy Spring, Md DATE SIGNED 5/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/2/53
NAME OF CEMETERY OR CREMATORY Burtonsville Union Cemetery
LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Warner E. Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]251

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 5324 Saratoga Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Vida (Last) Tramel

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Aug 22 1878

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Alabama.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Carroll Yates.

14. MOTHER'S MAIDEN NAME: Mary Lawrence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: William Bearden 5324 Saratoga Ave Chevy Chase Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
33/X Immediate cause (a)	Cerebro-vascular accident	2 days
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)	Hypertension	5 months
DUE TO		
(c)	Arteriosclerosis	8 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Accidental Fall — 2 days

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) Chevy Chase — (COUNTY) Montgomery — (STATE) Md

TIME OF INJURY (Month) 5 (Day) 3 (Year) 53 (Hour) 6 p.m. — INJURY OCCURED While at Work ☐ Not While At Work ☒ — HOW DID INJURY OCCUR? Cerebral accident. Fell down stair after

22. I hereby certify that I attended the deceased from Jan 1, 1953, to May 5, 1953, that I last saw the deceased alive on 5-5-, 1953, and that death occurred at 6.55 p.m., from the causes and on the date stated above.

SIGNATURE Roger Kirk — (Degree or title) MD — ADDRESS 320 Cameron Ave Rk. — DATE SIGNED 5--53

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) — DATE THEREOF 5-8-53 — NAME OF CEMETERY OR CREMATORY Parklawn — LOCATION (City, town, or county) Mont. Co. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 5/7/53 — REGISTRAR'S SIGNATURE Bessie M. Thompson per DEA

24. FUNERAL DIRECTOR Jos. Gawler's Sons — ADDRESS 1756 to Ave NW Wash. D.C.

VS. A15

5/5/53 Coroner notified and approved Dr Emil Baersfeld.

M. Lovett R.N.
Supervisor
Suburban Hospital

RECEIVED
MAY 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07251

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 1 hr. 40 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg. Co. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Unglesbee

4. DATE OF DEATH: (Month) 5 (Day) 20 (Year) 19 53

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 5-20-53
9. AGE last birthday: ____ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 40

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clyde Ungleobee
14. MOTHER'S MAIDEN NAME: Anna M. Linton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
776X
Immediate cause (a) Immature
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 4 Mos.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....,19...., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at ....., from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) MD ADDRESS [signature] DATE SIGNED 5/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 26 1953
NAME OF CEMETERY OR CREMATORY Sales Brookeville Md
LOCATION (City, town, or county) Montgomery Co. (State) Md
DATE REC'D BY LOCAL REGISTRAR 5-21-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Ross W Barber Tottenhall Md ADDRESS

2053321160

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAY 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 252

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 15 hrs + 30 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 4901 Auburn Ave.

3. NAME OF DECEASED: (Type or Print) (First) Jessie (Middle) W (Last) Van Diver
4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: June 20, 1890
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months 11 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Gaithersburg, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Gaither
14. MOTHER'S MAIDEN NAME: John Etta Graff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Carl W. Van Diver-Same Item #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Left Cerebral Hemorrhage + Hemiplegia — Interval Between Onset And Death: 18 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterial Hypertension + Cardiac Hypertrophy — 5 yr.

DUE TO

(c) Arterio sclerosis — 10 yr?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1950, to 21 May, 1953, that I last saw the deceased alive on 21 May, 1953, and that death occurred at 2:30 AM, from the causes and on the date stated above.

SIGNATURE John G. Ball (Degree or title) M.D. ADDRESS 7936 Georgetown Rd Bethesda Md DATE SIGNED 22 May 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/25/53
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) (State) Gaithersburg Maryland
DATE REC'D BY LOCAL REGISTRAR 5/22/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Lumphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]253

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1750 Harvard St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Milton (Middle) Sheldon (Last) Van Dusen

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 2-1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jamestown, New York U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Geo. C. Vandusen.

14. MOTHER'S MAIDEN NAME: Lucinda Sheldon.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Portal Cirrhosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Chronic Malnutrition

(c)

Interval Between Onset And Death: (a) 2 yrs + (b) 5 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1953, to May 20, 1953 that I last saw the deceased alive on May 20, 1953 and that death occurred at 5:25 P.M. from the causes and on the date stated above.

SIGNATURE Stewart Adapt (Degree or Title) M.D. ADDRESS 3921 Ingomar St. N.W. DATE SIGNED 5-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Transit-Burial

DATE THEREOF May 23, 1953

NAME OF CEMETERY OR CREMATORY Sherman Cemetary

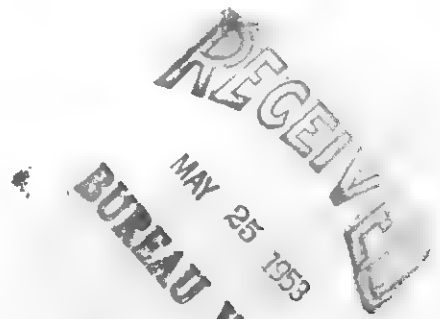
LOCATION (City, town, or county) (State) Sherman-New York

DATE REC'D BY LOCAL REGISTRAR 5-22-53

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR S.H. Hines Co. ADDRESS 2901 14th St. N.W. Washington D.C.

VS. 415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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sun Chapel Bethesda

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookland
STREET ADDRESS (If rural give location) 6621 Potomac Drive

3. NAME OF DECEASED: (Type or Print) (First) Alfred (Middle) (Last) Wade 1884

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 28, 1884
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Policeman
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Madeline Wade

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Postoperative Gastric Resection

DUE TO (c) Cancer of the Stomach — 6 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsons Disease

19a. DATE OF OPERATION: May 14, 1953
19b. MAJOR FINDINGS OF OPERATION: Cancer of the Stomach
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) May 14, 1953 [illegible] — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 1953 to 5/22, 1953, that I last saw the deceased alive on May 27, 1953 and that death occurred at 8 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Serge Sharpe MD. ADDRESS 10644 Connecticut Ave. Kensington DATE SIGNED May 23, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5-27/53 — NAME OF CEMETERY OR CREMATORY [illegible] — LOCATION (City, town, or county) Prince Geo. Co. Md. (State)

DATE REC'D BY LOCAL REGISTRAR 5-25/53 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR [illegible] & Co. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

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RECEIVED
MAY 27 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Montg. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Ohio COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shaker Hts.
STREET ADDRESS (If rural, give location) 22175 Douglas Road

3. NAME OF DECEASED (Type or Print): (First) SPENCER (Middle) ALWYN (Last) WAHL

4. DATE OF DEATH: (Month) May (Day) 21, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 5, 1895

9. AGE last birthday: 57 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min. 9 18

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: Samuel E. Wahl

14. MOTHER'S MAIDEN NAME: Lucy Horton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service) W W 1

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Ethel E. Wahl- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cer. Inf / Hemorrhage — Interval between onset and death: 12 hours

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 5 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1953, to 5/21, 1953, that I last saw the deceased alive on 5/21/53, 19....., and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Rockville DATE SIGNED 5/21/53

23. BURIAL, CREMATION REMOVAL (Specify): Transit
DATE THEREOF: 5-21-53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State): Cleveland, Ohio

DATE REC'D BY LOCAL REG. 5-22-53
REGISTRAR'S SIGNATURE Helen S. Eckenfelder
24. FUNERAL DIRECTOR [signature] ADDRESS Bethesda, Md.

5 Per WA

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05257

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Rural
LENGTH OF STAY (in this place) 3 Yrs 5 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedarcroft Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 512 6th St, S. E. Wash., D. C.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Elsie Herold Wall
4. DATE OF DEATH (Month) (Day) (Year) May 26, 1953 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Sept 15, 1881
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lousiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Wm F. Wall 704 Maryland Ave, N. E. Wash. D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Mitral Insufficiency	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	?
	(c) Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29, 1948, to 5/26, 1953, that I last saw the deceased alive on 5/26, 1953 and that death occurred at 7:15 P.m., from the causes and on the date stated above.

SIGNATURE Richard B. Thibadeau (Degree or title) M.D. ADDRESS Silver Spring, Md. DATE SIGNED 5/26/53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 5/29/53 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. May 27, 1953 REGISTRAR'S SIGNATURE Vacance [illegible]
24. FUNERAL DIRECTOR Robert W. Mattingly ADDRESS 131-11th S E Wash D C

RECEIVED
MAY 2
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1a. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Zion — LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Derwood, R.F.D.#1

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgo

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Zion

STREET ADDRESS (If rural, give location): Derwood, R.F.D.#1

3. NAME OF DECEASED (Type or Print): (First) Leathia (Middle) C. (Last) Wallace

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Apr. 10, 1873

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Montg Co. Md

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: John Thomas

14. MOTHER'S MAIDEN NAME: Rebecca Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Daniel Church, Mt Zion, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — Interval Between Onset and Death: 1½ hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Bronchopneumonia — 2 days

(322.1) (c) Auricular Fibrillation — 16 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Alcoholism

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1940, to May 31, 1953, that I last saw the deceased alive on May 30, 1953, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Webster Sewell M.D. — ADDRESS: Selby Springs Md — DATE SIGNED: 6.2.53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6/4/53 — NAME OF CEMETERY OR CREMATORY: Mt Zion — LOCATION (City, town, or county) (State): Mt Zion, Md

DATE REC'D BY LOCAL REG.: 6-4-53 — REGISTRAR'S SIGNATURE: Gertrude B. Lawler — 24. FUNERAL DIRECTOR: Robert L. Snowden — ADDRESS: Rockville Md

RECEIVED
JUN 16 1953
BUREAU V. S.

05258

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosecroft Rd. Manor Club Estates

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Rockville
STREET ADDRESS (If rural give location) Rosecroft Rd. Manor Club Estates

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Frank (Last) Walson

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 30 - 1899
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months 6 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): GAO
10b. KIND OF BUSINESS OR INDUSTRY: US Government
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George O. Walson
14. MOTHER'S MAIDEN NAME: Lelia Lane Herndon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Nancy D. Walson - Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Adeno carcinoma of Stomach — Interval Between Onset And Death 10 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ✓

DUE TO

(c) ✓

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: 3/1/52
19b. MAJOR FINDINGS OF OPERATION Carcinoma Stomach Inoperable
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) — (STATE) ✓

TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/20/ ,1952, to 5/22/ ., 1953 that I last saw the deceased alive on 5/21/ 1953, and that death occurred at 12.15 am., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Sandy Spring DATE SIGNED 5/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-25-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REGISTRAR 5-22-53
REGISTRAR'S SIGNATURE Gertrude B Gawley
24. FUNERAL DIRECTOR Robert A. Pumphrey, Bethesda, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 27 1953
BUREAU V. S.

Item 17: Film G154 6-12-53 L (change of middle initial to D).

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 3613 South Wakefield Street

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Daniels (Last) Whitgrove
4. DATE OF DEATH: (Month) May (Day) 23 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 21, 1900
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months 11 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rhode Island
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOSEPH DANIELS
14. MOTHER'S MAIDEN NAME: Alice Purcell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of [redacted])
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Husband: Leland D. Whitgrove: same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

416 x

Immediate cause (a) Myocarditis, toxic #4810 —

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pericarditis, adhesive #4845 —

DUE TO

456 (c) Lupus Erythematosus disseminata one yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Partial Obstruction, ileum

19a. DATE OF OPERATION: 5-23-53
19b. MAJOR FINDINGS OF OPERATION Partial Obstruction ileum
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1953, to May 23, 1953, that I last saw the deceased alive on May 23, 1953, and that death occurred at 1:21 P.M., from the causes and on the date stated above.

SIGNATURE L. E. STEBOW, CDR MC USN., (Degree or title) U.S.Naval Hospital, NNMC, Bethesda, Maryland. ADDRESS DATE SIGNED May 24 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 27 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery, Arlington, Virginia.
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR May 24 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR R.A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

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BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Takoma Pk. Md. — LENGTH OF STAY (in this place) 5 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash San & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md.
STREET ADDRESS (If rural, give location) 2416 Forest Glen, Rd.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Henry (Last) Wilburn

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 12-18-87

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Painter & decorator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mont. Co. Maryland U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Wilburn

14. MOTHER'S MAIDEN NAME: Ida Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wash. San & Hosp - records

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
420.1 Immediate cause	(a) Coronary Thrombosis (right side) recurrent.	8 Days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating underlying cause last.	DUE TO (b) Terminal Pulmonary Edema & Hypostatic Pneumonia	
	DUE TO (c) coronary arteriosclerosis	10 yrs.
(016.x)	DUE TO (d) Generalized Arteriosclerosis & Secondary	16 yrs.
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension and renal insufficiency TBC Kidney & bladder	12 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 53, 19..., to May 5, 1953, that I last saw the deceased alive on May 5-53, 1953, and that death occurred at 12:50 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Kenneth Stephens MD 934 Ellsworth Dr. 5-5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 5/8/53

NAME OF CEMETERY OR CREMATORY St. John's Cemetery

LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REG. May 9 1953

REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR — **ADDRESS**
Warren E. Humphrey 8434 Ga. Ave. Silver Spring, Maryland

RECEIVED
MAY 12 1933
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2 1 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC. Olney, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cooksville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Williams

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: May 5, 1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days 8 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY: infant

11. BIRTHPLACE (State or foreign country): U.S.A. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charlie Edward Williams

14. MOTHER'S MAIDEN NAME: Mary Alice Greer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

753.1

Immediate cause (a) Cachexia — Interval Between Onset And Death: 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) congenital microcephaly with encephalocele — 6 days

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5, 1953, to 5/12, 1953, that I last saw the deceased alive on 5/12, 1953, and that death occurred at 10:35 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. — ADDRESS Cooksville, Md. — DATE SIGNED 5/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) interment — DATE THEREOF 5/12/53 — NAME OF CEMETERY OR CREMATORY University of Maryland Hospital; Balto, Maryland — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 5-12-53 — REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR F.C. Higinbothom — ADDRESS Ellicott City, Md.

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VS. A15

REGISTERED
MAY 25
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05261

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 1 Month 21 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annandale
STREET ADDRESS (If rural give location) 1117 Millcreek Drive

3. NAME OF DECEASED: (Type or Print) (First) Beulah (Middle) Mary (Last) Williams

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 15 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months 2 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Princeville, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George McGinnis

14. MOTHER'S MAIDEN NAME: Ella Givens

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: SON: Frederick E. Williams Same as #2 above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — Interval Between Onset And Death: 3 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Pulmonary Edema — 6 days
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6 1953, to May 27, 1953, that I last saw the deceased alive on May 27, 1953 and that death occurred at 5:27 P.M., from the causes and on the date stated above.

SIGNATURE F. L. Colbranson, LT MC USN. (Degree or title) ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED May 27, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial

DATE THEREOF May 28 1953

NAME OF CEMETERY OR CREMATORY Princeville, Cemetery

LOCATION (City, town, or county) (State) Princeville, Illinois

DATE REC'D BY LOCAL REGISTRAR May 27 1953

REGISTRAR'S SIGNATURE Elick Whittington

24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
MAY 29 1953
BUREAU V

05262

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac Md. LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine view Rest Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 4408 Jones Bridge Rd COUNTY Bethesda Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda.
STREET ADDRESS (If rural, give location) 4408 Jones Bridge Rd Bethesda Md

3. NAME OF DECEASED (Type or Print) (First) Pauline (Middle) U (Last) Witt
4. DATE OF DEATH (Month) 5 (Day) 13 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowded
8. DATE OF BIRTH 8/10/1876
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY None.
11. BIRTHPLACE (State or foreign country) Front Royal, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Seorim McDaniels
14. MOTHER'S MAIDEN NAME Mary Josephine Feagines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Frank Whitten 4408 Jones Bridge Rd Bethesda, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4500 Immediate cause (a) Congestive heart failure - Senility 5 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Aug., 1952, to 13 May., 1953, that I last saw the deceased alive on 7 May, 1953, and that death occurred at 2:10 A.m., from the causes and on the date stated above.

SIGNATURE W. G. Hall, Mhd. (Degree or title) ADDRESS Rockville, Md. DATE SIGNED 5/13/53

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE THEREOF 5/13/53 NAME OF CEMETERY OR CREMATORY Geest Funeral Home LOCATION (City, town, or county) (State) Culpepper Virginia

DATE REC'D BY LOCAL REG. 5-13-53 REGISTRAR'S SIGNATURE Helen S. Eckenfelder per Lvd.
24. FUNERAL DIRECTOR Geest Funeral Home (Phd) ADDRESS Culpepper Virginia

M

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 14 19
BUREAU V. S.